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ABSTRACT

The report presents findings of a West Virginia task force on a program study for behavior disordered students in early childhood education, middle childhood education, and adolescent education. The first section presents a synopsis of studies on current research and best practices in the education of behavior disordered students. The conclusions include that academic, behavioral, and emotional/social deficits will decrease with early and appropriate intervention. Additional sections of the report include programmatic definitions for the education of behavior disorders and of autism; a program of study for behavior disorders which outlines six components (basic learning outcomes, behavior management, emotional/social education, career education, leisure skills, daily living and survival skills) and a program of study for autism with six components (behavior management, language and communication training, basic learning outcomes, daily living skills, career education, leisure skills); a discussion of alternative methods and techniques in service delivery; program assurances regarding monitoring and evaluations; recommendations to be submitted to the West Virginia Board of Education; and roles and responsibilities in implementing programs for the education of behavior disordered students in West Virginia. Appended materials include lists of articles, books, and non-print media resources for teachers, as well as books for children and adolescents. (CL)

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REPORT OF THE WEST VIRGINIA TASK FORCE ON THE EDUCATION OF BEHAVIOR DISORDERED STUDENTS

Developed by the

Task Force

Nancy Thabet, Project Director
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WEST VIRGINIA DEPARTMENT OF EDUCATION

March 1985

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TABLE OF CONTENTS

		Page
PREFACE		i
ACKNOWLEDGEMENTS		iii
INTRODUCTION		v
REVIEW OF FORMATION AND WORK OF TASK FORCE		vi
SECTION I	Study of Studies for Behavior Disorders	
SECTION II	Programmatic Definition for the Education of Behavior Disordered Students	
SECTION III	Program of Study for Behavior Disordered Students	
SECTION IV	Program Delivery for Behavior Disordered Students	
SECTION V	Programmatic Definition for the Education of Autistic Students	
SECTION VI	Program of Study for Autistic Students	
SECTION VII	Program Delivery for Autistic Students	
SECTION VIII	Program Assurances	
SECTION IX	Recommendations	
SECTION X	Roles and Responsibilities/Action Plan for Implementation	
SECTION XI	Summary and Conclusion	
APPENDICES -		

PREFACE

"Excellence implies more then competence. It implies a striving for the highest standards in every phase of life." (John Gardner) In reaffirming the goal of excellence in education for all students, the West Virginia Board of Education has recognized that residing within this state are many behavior disordered* students with unique learning capacities. Such an exceptionality requires that these students receive public school programs designed to meet their special needs. Five major needs of their educational program have been identified:

- the need to progress at their own rate, regardless of chronological age or grade placement;
- the need for a diversity of learning experiences, including emotional/social education or language and communication training, instructional methods and materials;
- the need to be valued, challenged and stimulated in an environment that allows children of like ability to learn with and from one another;
- the need to have access to counseling and other related services, so they may better understand themselves and make appropriate school and career decisions;
- the need for an individualized behavior management program designed to enhance the student's emotional, social and educational growth.

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*Throughout this document the terms behavior disordered and behavior disorders include those students who are identified as autistic or autistic-like, unless otherwise indicated.

In maintaining a thorough and efficient system of education, it is our responsibility to provide equal educational opportunities to ensure that the talents of all students will be found and developed to their highest potential. In essence, this will prepare behavior disordered students not only for the next academic or occupational level, but also for a more meaningful, healthy and safe life.

Tom McNeel

State Superintendent of Schools

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Special appreciation is extended to the following individuals who gave of their time and expertise to assist the task force in the development of this document:

Cindy Fricke, Cabell County Schools

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INTRODUCTION

Programs for behavior disordered students have been as diverse as the counties in which they have originated since the West Virginia legislative mandate in 1974. In subsequent years a growing concern for equity between local school districts, presented most forcefully in the "Recht Decision," and the demands of these developmental programs have required a more comprehensive and systematic approach to the provision of special education programs.

The efforts of the Task Force on the Education of Behavior Disordered Students have been directed toward building a statewide comprehensive program that will meet the needs of the behavior disordered learner. It is designed to provide continuity between programmatic areas as well as direction for and uniformity among the fifty-five local school districts.

REVIEW OF FORMATION AND WORK OF THE TASK FORCE

In accordance, with the Master Plan for Public Education and the Regulations for the Education of Exceptional Students, State Superintendent of Schools, Roy Truby appointed the Task Force on the Education of Behavior Disordered Students. The task force, which was comprised of teachers of behavior disordered students, parents, special education specialists and supervisors, a chief instructional leader and institutions of higher education faculty, was charged with developing a program of study for behavior disordered students in early childhood education, middle childhood education and adolescent education. The program of study was to provide direction for and continuity between programmatic areas as well as uniformity among the fifty-five local school districts.

The superintendent invited county superintendents and special education directors, Regional Education Service Agency (RESA) executive directors and special education coordinators and other educators to nominate persons from their respective districts to serve on the Task Force on the Education of Behavior Disordered Students. Following a review of the nominations, selections of task force members were made based upon representation by RESA, by instructional level (early childhood education K-4, middle childhood education 5-8 and adolescent education 9-12) and by role and responsibility of the nominee's position.

Initially, the task force met in February, 1984 to review and discuss the implications of West Virginia Board of Education policies and regulations for the education of behavior disordered students. In

April, 1984 Douglas Cullinan presented a study of studies of the current research and best practices in behavior disorders (see Section I). West Virginia Department of Education policies and regulations, the Study of Studies and the expertise of the task force members served as the foundation for the document developed by the task force.

The task force met throughout the 1984 school years to develop, review and revise the Report of the West Virginia Task Force on the Education of Behavior Disordered Students. Periodically, a subcommittee on autism met to draft components of the report which were reviewed for approval by the total group prior to the report's submission to the West Virginia Board of Education.

SECTION I

STUDY OF STUDIES
FOR
BEHAVIOR DISORDERS

Study of Studies
for
Behavior Disorders

A Research Review and Synthesis

Office of Educational Program Development
West Virginia Department of Education

Douglas Cullinan, Ed. D., Research Consultant
Northern Illinois University

Table of Contents

Page

Introduction 1

Sources 3

1. Service Configurations 10

   Regular Education with Modification 10
   Regular Education with Resource 14
   Self-contained 18
   Special School 21
   Residential Facility 22

2. Placement Decisions 23

   Assessment Methods 24
   Purposes of Assessment 33

3. Time Allocations 36

4. Integration of Regular and Special Education 37

5 and 7. Curriculum and Curriculum Models 39

   Academic problems 41
   Study Skills and Problem-Solving Strategies 48
   Affective-Social Development Curriculum 51
   Supportive Therapies 54
   Developmental Curriculum 55

6. Evaluation Models 56

8. Court Cases 61

   Expulsion and Suspension 61
   Corporal Punishment 66
   Seclusion 66
   Evaluation Assessment 67

9. Autism 68

   Assessment 69
   Service Delivery 72

10. A Last Word 80

   Competencies 80

   Bibliography 84

   Appendices 112

The present report is part of a study of studies project for the Task Force for the Education of Behavior Disordered Students. Included are responses to the following aspects or components of the project:

1. To identify, through an analysis of appropriate research studies, service configurations which are appropriate for behavior disordered students.
2. To identify, through an analysis of appropriate research studies, criteria for making placement decisions for each service configuration. Consideration should be given to variables of pupil characteristics, range or level of severity, teacher satisfaction, quality of instruction, individualization, achievement, student attitude, assessment and pupil evaluation, homogeneity of pupils, classroom space available, ancillary assistance available in the classroom, and age span of students in an instructional grouping. Studies shall be limited to those reporting a minimal level of significance of .05.
3. To identify, through an analysis of appropriate research studies, criteria for determining time allocations for behavior disordered students in special education and regular education settings.
4. To identify, through an analysis of appropriate research studies, exemplary process model(s) for the integration of regular and special education services for behavior disordered.
5. To identify, through an analysis of appropriate research studies, exemplary curriculum(s) and/or process/product model(s) for curriculum development for learners in the area of behavior disorders.

6. To identify, through an analysis of appropriate research studies, exemplary curricular program development models and evaluation models for individual building level programs, county school district programs and state programs.
7. To identify, through an analysis of appropriate research studies, exemplary processes for adaptations of curriculum for behavior disordered students.
8. To summarize relevant court decisions, through an analysis of the research, affecting the area of behavior disorders.
9. To collect and organize, for the purpose of establishing data base, copies of relevant research studies in behavior disorders.

The following criteria were specified as guides to the selection of research studies for this project:

1. Dependent variable student growth (learning) measured;
2. Findings replicated in one additional study;
3. No fewer than 25 students in the study;
4. Study from which a relationship (e.g., finding, recommendation) is generic to some population of students larger than the sample studies;
5. The "relationship" has to be both reliable enough to be statistically significant and large enough to be practically significant;
6. The measure of "effectiveness" has to be based on long-term pupil gains in achievement areas recognized as important goals of education; and
7. The process measure has to specify the behaviors exhibited in such a way that they could be reproduced as desired.

In addition to these components and guidelines, it was noted that interviews with experts in the field would be beneficial. The results of study of studies activities and the interviews, along with other pertinent material, are presented below. These results are preceded by a description of sources of information used in preparing the report.

Professional Journals and Periodicals

The periodicals listed below were searched from 1974 (or their first issue, if more recent) to the present for research articles dealing with school-based or school-related services for behaviorally disordered students of elementary, middle, and high school age. Additionally, journal articles and books in the reference lists of identified articles as well as journal articles, books and monographs known by the writer to present relevant research findings were included in the pool of literature reviewed. Finally, text and major reference works in the area of children's behavior disorders were surveyed for additional references to research of interest.

1. *Acta Paedopsychiatrica*
2. *American Journal of Education*
3. *Annual Progress in Child Psychiatry and Child Development*
4. *Behavioral Disorders*
5. *Child Care Quarterly*
6. *Child Psychiatry and Human Development*
7. *Journal of Child Psychology and Psychiatry and Allied Disciplines*
8. *Journal of Clinical Child Psychology*
9. *Journal of School Health*
10. *Adolescence*
11. *American Journal of Orthopsychiatry*
12. *American Journal of Psychiatry*
13. *Annual Progress in Child Psychiatry and Child Development*
14. *Behavior Modification*

15. Behavior Therapy

16. Behavior Research and Therapy

17. British Journal of Psychiatry

18. British Journal of Psychology

19. Canadian Journal of Psychiatry

20. Canadian Journal of Psychology

21. Canadian Psychology

22. Child Development

23. Community Mental Health Journal

24. Corrective and Social Psychiatry and Journal of Behavior Technology

25. British Journal Of Clinical Psychology

26. Journal of Abnormal Child Psychology

27. Journal of Applied Behavior Analysis

28. Journal of Behavior Therapy and Experimental Psychiatry

29. Journal of the Association for the Severely Handicapped

30. Journal of Autism and Developmental Disabilities

31. Journal of Clinical Psychology

32. Journal of Community Psychology

33. Journal of Consulting and Clinical Psychology

34. Journal of Counseling Psychology

35. Journal of Educational Psychology

36. Journal of Experimental Social Psychology

37. Journal of School Psychology

38. Journal of Youth and Adolescence

39. Psychological Bulletin

40. Psychological Review

41. Psychology in the Schools

42. School Psychology Review

43. Social Psychiatry

44. Yearbook of Psychiatry and Applied Mental Health

45. American Educational Research Journal

46. Education and Psychological Research

47. Exceptional Children

48. Focus On Exceptional Children

49. Journal for Special Educators

50. Journal of Educational Research

51. Journal of Experimental Education

52. Journal of Learning Disabilities

53. Journal of Special Education

54. Journal of Special Education Technology

55. Learning Disability Quarterly

56. Remedial Education

57. Review of Educational Research

Texts and Reference Books

Major books related to behaviorally disordered students, children and adolescents were consulted. They provided some additional research study references, descriptions of assessment, intervention, service and other features of programs for the behaviorally disordered, and enabled the writer to check on conclusions indicated by the review of research studies. The books examined included the following.

Book References

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Swift, M. S., & Spivack, G. (1975). *Alternative teaching strategies: Helping behaviorally troubled children achieve*. Champaign, IL: Research Press.

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Wolman, B. B., Egan, J., & Ross, A. O. (Eds.) (1978). *Handbook of treatment of mental disorders in childhood and adolescence*. New Jersey: Prentice-Hall.

Experts

Additionally, several experts on topics related to special education for the behaviorally disordered were consulted by telephone. These experts are listed below.

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1. Service Configurations

Service configurations utilized with behaviorally disordered students are grouped below according to the alternative placements described on pages 48-49, of the Regulations, insofar as feasible.

Regular Education with Modification

An examination of the literature on behavior disorders and unofficial adjustment problems reveals that the widest range of school reactions are recommended, with most of these tried at one time or another. The following practices were identified in the present review.

1. Code of student conduct. This may be created by district or school staff, or determined in whole or part by students or their elected representatives. The code may be formally presented to students in oral or written form, with some discussion. A code may be directed toward a select group of students (e.g., behaviorally disorded), but more often is school-wide.
2. Office referral. This can be used alone, with the office serving as an informal holding place briefly. There may be a required discussion with a staff member (e.g., assistant principal). This option is often combined with other consequences and service configurations (e.g., after-school detention, corporal punishment, in-school suspension) in an informal "level system" of escalating consequences.
3. Detention at recess or after school. This option, is of course, very common and time-honored. It may be combined with other responses such as makeup or extra schoolwork or counseling. Disadvantages may include the need for supervision of the detention, and long-distance busing that interferes with after-school detention (this may be a special problem for situaions in which behaviorally disordered students are transported from a wide catchment area to a selected school that serves them).

4. Extra assignments. These usually consist of extra academic practice, but may involve social-skill-related assignments to practice.

5. Parent conference. Parent conferences obviously have many functions, one of which may be to get home assistance in improving problems with behavior or emotional adjustment, or academic learning. Some schools provide some degree of guidance and training in methods for parents to use. This clearly raises issues of parent consent and participation, quality and effectivess of training, and other considerations.

Most research studies on parent counseling aim primarily to improve the child's home behavior. The more successful results have usually involved young children aged 6-10, motivated parents, behavior modification varieties of parent counseling, and children with only a moderate degree of disturbance. It appears that to attain school results from parent intervention, one should program this into the total school program. One way is to request that parents give home reinforcers based on daily and/or weekly school reports. If the program is systematic and the incentives are attractive to the child, the result can be improved school conduct.

6. Reduction of report card or final grades.

7. Exclusion from extracurricular activities.

8. School-based counseling. Traditional forms of school-based counseling at elementary and secondary levels have been attempted for many years. Research shows that results usually have been disappointing. However, there appears to be a growth in the breadth and nature of school counseling efforts, with a renewal of hope that such efforts can make a difference. For example, school counseling programs can be found that feature Positive Peer Culture groups, contingency management of classroom behavior, social skills training sessions, and other active, nontraditional school counseling efforts.

9. In-school suspension. In-school suspension refers to a variety of ways of providing for student confinement away from the classroom but still in the school building. The period of time may last from a few hours to several days or in rare instances, several weeks. In-school suspension is often combined with other alternatives such as counseling, extra assignments, deprivation of recess and extracurricular activities, and so on. In-school suspension is more common in middle and high schools but also can be found in elementary schools.

The implementation of an in-school suspension program can increase office referrals and requests to suspend students. Thus, a screening process is usually necessary. This responsibility may be delegated to a staff member who supervises in-school suspension. Sites for such a program are often unused areas near the school office.

In-school suspension programs may have special relevance for special education for the behaviorally disordered. This is because suspension or expulsion from school may present special legal and related problems in the case of these students.

10. Corporal punishment. Spanking, paddling, and other forms of corporal punishment are time-honored modes of dealing with behavior problems in school. Corporal punishment is not inherently unconstitutional. Its use is the subject of continuing debate and controversy.

Recent studies indicate it is widely utilized as a method of disciplining handicapped as well as nonhandicapped students (Rose, 1983). Most principals use corporal punishment infrequently (less than 5 times per month) with behaviorally disordered students. Most commonly this is used as a consequence for "aggressive-disruptive" patterns of behavior. The author recommended that, if it is to be used, corporal punishment might be included on the behaviorally disordered student's Individualized Education Program.

11. Shortened school day. This option is occasionally used together with other services for the behaviorally disordered, including regular education with modification. Unless the time released from school is utilized by providing a special or related service (e.g., vocational training or placement, psychotherapy, counseling), this procedure may violate legal provisions for the handicapped.

12. Suspension. Suspension from school is used occasionally with behaviorally disordered students. Recent court decisions discussed later clearly make it more difficult to suspend a behaviorally disordered student under certain circumstances. In-school suspension appears to be supplanting suspension to a large extent.

13. Transfer to another class or another school.

14. Teacher training on- or off-the-job. When a behaviorally disordered student is to be maintained in the regular education setting or returned to regular education from a more restrictive setting, the regular teacher may receive training in how to cope effectively with the student. For example, in the CLASS program (Hops, Beickel, & Walker, 1976) the regular class teacher implements various aspects of a behavior modification "package" under the training and guidance of a consultant. The package is designed to control aggressive-disruptive behavior problems using a joint school-home effort.

15. Teacher support. Regular class teachers handling behaviorally disordered students may get support other than training. Newman (1967) described an interdisciplinary consultation plan to help teachers deal with day-to-day demands of teaching behaviorally disordered students, using individualized and small-group counseling sessions. Another form of support is the teacher consultant. School systems may provide consultant services to regular teachers through the use of a specially trained, and often

more experienced, teacher consultant. The consultants are available to regular teachers when they have questions about a child or when they need advice concerning special materials and methods of instruction.

16. Ignoring truancy or counseling for dropout.
17. Expulsion or sequential suspension.

The various service options noted above, and other regular education with modification possibilities, are often used prior to the student's identification as behaviorally disordered. They are also used when the behaviorally disordered student is moved from a more restrictive placement (e.g., special class) toward a less restrictive one (e.g., regular education part of the time). Regular education with modification appears to be infrequently used as a major service configuration for the behaviorally disordered, however, especially in comparison to some other categories of handicap.

Most of the service actions or configurations described in this section have never been scientifically investigated with behaviorally disordered students. Of those that have, the preponderance have been studies of behavior modification as applied to a single student in a regular classroom, often with a consultant's help to the teacher. At any rate, no research studies were found that meet all the specified criteria for research.

Regular education program with resource services

This model more often is used with the behaviorally disordered than regular education with modification. Several models or approaches are commonly put forward, and they are exemplified in the following programs.

Perhaps the best known resource room model for behaviorally disordered students is the Crisis/Helping Teacher model (Morse, 1971). In fact, work on this service delivery model, which began in the 1950's, served as an important prototype of contemporary resource room models in special education for other handicaps as well. Morse saw four complementary roles for the Crisis/Helping Teacher. First, she or he is available on an immediate basis for pupils who are so upset or disruptive that they must temporarily leave the regular classroom. The second role is that of therapist. Morse and others believe that crises are excellent times for techniques such as the clinical exploitation life space interview. Third, this professional serves consultatively in schools as a coordinator among teachers and others who provide for the behaviorally disordered pupil, and as an information and skill resource in the area of classroom management. The fourth role is that of mental-health advocate who examines curricula, teaching and administrative practices, "climate" and other features of the school, and works for positive changes that could prevent or reduce behavior disorders. Kerlin and Latham (1977) explored a modified form of the Crisis/Helping Teacher approach, finding some good effects. However, research support for the value of the approach is basically lacking.

Another pioneering resource room is that of Quay and his colleagues (Glavin, 1974; Glavin, Quay, Annesley, and Werry, 1971; Glavin, Quay, and Werry, 1971; Quay, Glavin, Annesley, and Werry, 1972). Each pupil attended the resource room for instruction in reading and/or arithmetic for one or two hour-long periods a day each divided into four 15-minute segments. At the beginning of each of the first three segments, pupils were to begin work on an assigned academic task. Tokens were used to reinforce starting, continuing, and completing tasks. During the final segment, a pupil could choose between using tokens to buy access to the free-time area or continuing work to earn additional tokens. After a pupil had completed the assignments for the period, she counted, reported, and recorded her earnings. These earnings could be accumulated to buy more valuable items. A pupil who behaved disruptively was given a warning; if the behavior persisted, the pupil received a brief period of timeout in a chair or cloakroom.

For evaluation, pupils in this resource-room program at three schools were compared to similar schoolmates who did not participate. Results indicated that the reading and arithmetic achievement of the resource pupils improved significantly. Social behavior also improved substantially within the resource-room setting. These gains did not generalize to the pupils' regular classrooms.

Two studies illustrate how a resource room could be used to deliver social skills training to behaviorally disordered students (Calpin & Cinciripini, 1980; Greenleaf, 1982). As with other approaches, transfer from the teaching situation to regular classrooms and other settings is a problem that has not been solved as yet. Cognitive-behavioral interventions are growing in popularity among clinical psychologists, and have begun to be applied by educators to control students' behavior problems, especially hyperactivity (Kendall & Wilcox, 1980).

Preparation through Responsive Educational Programs (PREP) is a plan for educating junior high schoolers with severe academic problems, failing grades, absenteeism and police contacts. The program, which was examined in various school settings over a five year period, emphasizes basic academic training (math, reading, English) and social skills training. Extensive use of self-instructional materials in individual and small-group work highlighted the academic remediation. Social skills training utilized a large curriculum of social skills. Modeling, problem solving, and rehearsal were major techniques to develop skills in instruction-following, self-control, test taking skills, small group interaction, and other skills needed for appropriate interaction with peers and authoritative adults (school people, parents, etc.).

PREP students earn rewards for achieving academic, social, and other objectives. Feedback to parents is provided. PREP students typically attend several regular school classes each day, in addition to attending social skills classes taught by local school personnel (with training and some support by outside consultants). Short- and long-term evaluation of PREP has established limited but clear-cut support for it as a promising resource program. Students involved in this evaluation were not necessarily identified as behaviorally disordered. Further information in PREP can be found in Filipczak, Archer, Neale, and Winett (1979), Filipczak, Storm, and Breiling (1973), Filipczak, Friedman, and Reese (1979), Friedman, Filipcazk, and Fiordaliso (1977), and Wodarski and Filipczak (1982).

The Primary Mental Health Project (PMHP) is an early intervention project for primary-grade pupils at high risk for developing significant learning and behavior disorders (Cowen, 1980; Cowen, Trost, Lorion, Dorr, Izzo, & Isaacson, 1975). The PMHP has four core features: working with primary-grade children at high risk for developing substantial behavior and learning disorders; systematic screening procedures to identify such "high-risk" students as early as possible; nonprofessional child-aides carefully selected and trained to provide on-going services to identified pupils; and psychologists and educational specialists recruit, train, and supervise the child-aides and other members of the treatment team (Cowen, 1980).

Referral of pupils is usually initiated by teachers. Brief teacher-rating scales help screen groups of youngsters to aid in identification. Based on referrals, screening, and follow-up assessment, some children are designated as high risk. Each is assigned to a child-aide--usually a homemaker carefully selected for nurturance, desire to help children, and relationship skills. A child-aide sees about twelve (12) high-risk pupils per week to provide intervention appropriate to each child's identified behavior and learning problems. This often involves developing a trusting relationship, encouraging discussion of problems, tutoring basic academic skills, and communicating behavior limits. Intervention may be extended into the home through parent training and assistance in crisis situations.

Special Education Program: Self-contained

An overview of research of special class placement for the behaviorally disordered offers mild support for this placement. A number of studies have focused on the students who were officially designated as behaviorally disordered, or in all probability could have been. However, most of these examined some techniques as applied in the special class, rather than examining the special class *per se*. These included Alexander and Apple (1976), Bellafolye & Salend (1983), Booth and Fairbank (1983), Clements and Tracy (1977), Coon et al (1976), Davis (1979), DeMagistris & Imber (1980), Epstein et al (1978), Gamble and Strain (1979), Hansen et al (1981), Kandil (1980), LaNunziata et al (1981), Lebsock and Salzberg (1981), Leger et al (1979), Rowbury et al (1976), Schloss et al (1981), and Walton (1979). Other technique applications to behaviorally disordered students occurred in multicategory or unspecified special classes, or only partly in a behaviorally disorder special class (Clark et al, 1975; Kerr & Strain, 1982; Reith et al, 1971; Zwald & Gresham, 1982). Most of these techniques were some form of behavior modification or behavioral social skills training. Another five had only minimal behavior modification features and just two were nonbehavioral.

Virtually all of these studies showed at least some benefits to the behaviorally disordered students involved, thus showing that special class placement can be a site for beneficial improvements for the behaviorally disordered. However, most of the techniques may be used--perhaps to better benefit, perhaps not-- in other placement options. Therefore this is not direct research evidence supporting the efficacy of the special class for the behaviorally disordered.

In addition, some studies addressed special class placements more directly. Haring and Phillips (1962) compared three groups of disturbed children: those in a highly structured class with strict behavior limits, those in a regular classroom where teachers received consultation, and those assigned to a permissive and unstructured class. The highly structured group achieved the greatest behavioral and academic gains of any group. Unfortunately, pretreatment levels on the behavioral and academic measures varied widely among the three groups; statistical regression could therefore have accounted for the effects claimed. Cruickshank, Bentzen, Ratzeburg, and Tannhauser (1961) treated children who might be included in some descriptions of the emotionally disturbed through the use of a highly structured environment and rigid routines. These children showed behavioral and achievement gains over a two-year period, although control group children did so as well. Rubin, Simson, & Betwee (1966) compared special class children to an equivalent control group. They noted trends toward superiority of the special class children in behavior but not academic areas, but concluded that their results provided no confirmation of special class efficacy. Hewett (1968) investigated the effect of an "engineered" approach (including a specially-designed classroom, a system of token reinforcement, timeout, and other specified interventions to cover a variety of situations) on achievement and attention to task. Significantly larger gains were registered in attention-to-task and some aspects of arithmetic and reading for behavior disordered children in the engineered classroom than for equivalent children in regular classrooms. In another comparison of special class versus regular class placement for disturbed children, initial evaluation indicated significantly greater gains for the special class children on behavioral and academic measures (Vacc, 1968), but a repeated assessment more than five years later indicated no difference between children receiving and not receiving special class placement (Vacc, 1972). The author concluded that if any benefits accrue to disturbed children in the spcial class situation, they must not endure after a return to the regular classroom. The Vacc studies have such severe methodology flaws that they could not be given much weight even if they met research study criteria specified for this report.

Stemmers Run Program. This program was designed to provide education for multiply-suspended, mostly socially maladjusted middle school students in a working class neighborhood. It was staffed by local teachers, an aide, and an assistant principal, with outside consultant support. The program was oriented toward basic academics and behavior control through a point system.

The day was divided into a.m. and p.m. phases. The a.m. phase consisted of classes in English, math, social studies, and science, taught by regular staff members. Individualized remedial instruction was managed through contracts (specified work for specified grades). During a.m., students earned points for promptness, learning readiness, on-task, and other appropriate behaviors, similar to Hewett's (1968) approach. Points were also earned for cafeteria behavior. For misconduct, the student was warned on the first offense and sent to the assistant principal for in-school suspension on the second offense.

The p.m. program was largely concerned with providing reward opportunities. Based on points earned earlier, students could buy access to a "reinforcement room" to play card games, table tennis, slot racing sets, pool, records, other leisure activities, or could even buy early school-leaving that day. If insufficient points were earned, the student remained in "the holding room" to complete additional academic work.

Parent participation included delivering home rewards on the basis of weekly report cards, as well as receiving training and support from the school staff in meetings. There was also a "fading" program in which students are prepared for regular class reentry in various ways, including a gradual removal of program features such as daily points and early school-leaving.

Research on this behavior modification type program has given it support as a useful option for providing special education for the behaviorally disordered. Further details, descriptions, and evaluations of the program are available in Heaton, Safer, and Allen (1982), Heaton, Safer, Allen, Spinnato, and Prumo (1976), and Safer, Heaton, and Parker (1981).

Calhoun and Elliott (1977) examined the self-concept and academic functioning of behaviorally disordered and educable mentally impaired students, finding that those in regular class placements function better than those in special class placements. McKinnon (1970) found that students in behaviorally disordered special education classes and their parents generally view such placements favorably.

Special Education Program: Special School

Numerous alternative schools have been described in literature reports, but relatively few of these have been research studies. Burka and Jones (1979), Platt, Harris, and Clements (1980), Robin, Schneider, and Dolnick (1976), Strain and Wiegerink (1976), and Wasserman (1977) examined selected management or instructional techniques within the context of a special school. These were not investigations of the special school per se, however.

Stein et al. (1970), Wood and Swan (1978), and Wasserman and Vogrin (1979), reported on more encompassing programs for troubled students. Only Wood and Swan (1978) was designed explicitly for identified behaviorally disordered students, as well as other students with severe degrees of handicap. This program addressed preschool as well as school-aged children. Stotsky et al (1978) summarized the global outcome of day and residential schooling for behaviorally disordered students in the state of Massachusetts, finding a general pattern of improvement. None of the above reports meet specified scientific standards for screening studies.

O'Leary and Schneider (1977) examined the academic and behavioral outcomes of first graders screened as having excessive conduct disorders.

Some were treated in a special class located apart from the public school. The intervention consisted of edible, token, and activity reinforcers, a heavy emphasis on programmed reading, and the "Turtle Technique"--a problem-solving and relaxation technique taught as an alternative to acting-out. Compared to a group not receiving this treatment, the treated group was superior in academics, but no better in behavior adjustment. This study is scientifically sound, although it has not been replicated directly.

Special Education Program: Residential facility

Despite some relevance with respect to adjustment problem characteristics and program features, research on educational programs for adjudicated juvenile delinquents or "predelinquents" in residential settings is not included here. As with the special class research, most reports evaluated some technique or limited procedure with limited measures of outcome, rather than a coherent program with more comprehensive outcome measures. Adams (1980), Alwon (1979), Brewer and Lackey (1977), Ciponi et al. (1981), Ciponi and McLaughlin (1983), Elitzur (1976), Hundert and Batstone (1978), Hundert et al (1976), Kelley et al (1983), McCarty et al (1977), Montgomery and Van Fleet (1977), Moser (1974), Neill (1979), Wasserman (1977), and Wylde (1979), are in this category. Of these reports, only three featured nonbehavioral therapy or treatment; the rest were some form of behavior modification.

In residential treatment programs for the behaviorally disordered student, the distinction between psychotherapy and special education often blurs. Thus it is probably relevant to briefly consider literature on therapeutic residential treatment. In a review of dozens of such studies, Levitt (1971) found that residential treatment seems to yield improvement in many cases, the chief exception being delinquents, for whom treatment has been generally successful (see also Martinson, 1974; Shamsie, 1981). (Outcome varies across diagnoses in other ways, too.) There is unfortunately a great deal of backsliding following termination even when treatment has been successful (Levitt, 1971). Also, the improvement rates appear to be at or not much better than the "chance levels" established by studies in which treated children are compared to untreated controls.

Perhaps the best-known residential placement for educating behaviorally disordered students is Project Re-Ed (Hobbs, 1966; Lewis, 1975). The plan of Re-Ed is to remove the behaviorally disordered student from the home community for as brief a period as needed to help the student and school become more supportive when he or she returns. At a Re-Ed residence, small groups of students are assigned to teacher-counselors who live with and teach the young people. Ordinarily the student returns home on weekends during his or her placement. Results of evaluations indicate gains for the students in behavior and educational areas, and in parents' and teachers' opinions of the value of the project (Montgomery & Van Fleet, 1978; Weinstein, 1969). Maintenance of gains after reentry into the local community is an unknown area, and evaluation in general has been weak.

2. Placement Decisions

In considering placement of the behavior disordered, one important issue is, "If a service configuration is good, is it good for all behaviorally disordered?" If not, what factors must be taken into consideration in determining a student's most appropriate service? Severity of behavior disorder? Age of the students? Sex? Nature of the disorder? Other pupil characteristics? Teacher characteristics, training, or experience? Physical features of the placement, such as group size, homogeneity of composition based on pupil characterstics, or other aspects of the setting? These questions raise several related issues. First, can behavior disorders of students be classified into varieties of disorder, and are these classifications useful in providing appropriate education? Second, how are behavior disorders assessed in order that placement decisions can be made? What purposes do these assessment practices have, aside from placement?

Varieties of Maladjustment

Unfortunately, there is little or no research that answers these key issues. The result is that placement decisions must be made without the aid of objective research evidence for guidance. Certainly, many experienced educators and others believe that various placements may be more or less appropriate, depending on student, teacher, or setting characteristics such as those noted above. Also, research on classification of behavior and emotional disorders (Quay, 1979; Achenbach & Edelbrock, 1978) provides clear evidence on the different varieties of behavior disorder that exist. Logically, different varieties of disorder (e.g., aggression vs. social withdrawal) should call for sharply different interventions. The problem is that there is no body of research in which this idea has been evaluated, so one cannot draw on a research base to support differential placement or treatment of behaviorally disordered students.

Assessment Methods

Assessment (or measurement) is the process of assigning a number to some characteristic so that the number accurately represents the characteristic. In assessing behavior disorders, the characteristics of most interest are behavior and emotional problems such as agression-disruption, attention disorder, social maladjustment, anxiety-inferiority, social withdrawal learning disorders, or other problems. Once a characteristic is selected, it is measured by deciding (a) how the characteristic can be recognized and observed, and (b) how different numbers will be used to represent more and less of the characteristic. There are many methods for measuring such educational problems of students. For the most part, however, they boil down to three general ways of obtaining information: reported functioning, actual functioning in a natural setting, and actual functioning in a contrived setting.

Reported Functioning

One way to obtain data about the social personal, academic, or other functioning of a student is to ask someone such as a teacher, parent, classmate, or the student himself or herself. There are several variations of this general method.

Interviews. In an assessment interview, the questioner askes for information that may clarify the nature and severity of a behavior problem, help plan and carry out intervention, or achieve other purposes. In structured interviews, the interviewer presents a standard list of questions and records the interviewee's responses, but generally does not have much freedom to ask follow-up questions about interesting topics suggested by those responses. The structured interview format was used by Herjanic and Campbell (1977) with child psychiatric patients. The child was to answer "yes" or "no" to questions about learning, social and personal problems. Table 1 presents a few items from this structured interview (Herjanic, 1981).

Table 1: Illustrative Sample of a Structured Assessment Interview for Youngsters with Behavior Disorders

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Instructions: Ask the child or adolescent the question, then follow-up and/or code the response.

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13. B. Do you often start on your school work and then not finish it, even if you know how to do it?

32. Do you often do just the opposite of what you were told, because you don't like being told to do anything?

58. C. Have your parents or teachers punished you frequently because they thought you were lying?

Adapted from Herjanic, 1981

Behavior Rating Scales. The behavior rating scale is a standard collection of items, each of which describes a behavior patern (usually, a problem behavior pattern). For each item there is a scale of two or (preferably) more points indicating the degree to which a youngster exhibits that behavior. The teacher or other rater marks this scale according to how she or he perceives the student's functioning on that behavior. For example, items on the Behavior Problem Checklist (Quay & Peterson, 1975) are rated as either "no problem," "mild problem," or "severe problem" (3-point scale). Most behavior rating scales contain items that survey a wide range of problems. These items are often clustered into narrower categories of behavior disorder, so, some rating scales yield an overall score along with more specific problem subscores.

Some rating scales, instruments have a narrower focus. The Conners Abbreviated Teacher Questionnaire (ATQ: Conners, 1973) attempt to measure hyperactivity (see Table 2). It is also possible to devise individually-tailored rating scales for particular problems and/or particular youngsters (Finch, Deardorff, & Montgomery, 1974).

Table 2: Illustrative Sample of the ATQ

Instructions: Rate the degree to which each problem is observed.

Observation	Degree of Activity: Not at all	Just a little	Pretty much	Very much
1. Restless (overactive)				
2. Excitable, impulsive				
3. Disturbs other children				
4. Fails to finish things he/she starts (short attention span)				
5. Fidgeting				
6. Inattentive, distractable				
7. Demands must be met immediately; gets frustrated.				
8. Cries				
9. Mood changes quickly				
10. Temper outbursts (explosive and unpredictable behavior)				

Source: Conners, 1973

Sociometrics. To obtain information on each member of a group, sociometric procedures measure the interpersonal preferences of all members. For example, each class member may be asked to privately nominate one or more classmates liked, disliked, sought out, avoided, respected, and so on. By comparing all students' responses, one can identify a few students who are widely admired, some who are rejected, and others who are just ignored. Such information may be useful in identifying or grouping students. For instance, in Bower's (1969) A Class Play, each student writes the name of a classmate who would best fit each of a number of roles in an imaginary class play. A selection of roles (items) is presented in Table 3.

Table 3: Illustrative Sample of the *A Class Play* Procedure

Instructions: On the line beside each description, have the student write the name of a classmate who could best play the part.

__________________ 1. A true friend.

__________________ 2. Somebody who is often afraid and who acts like a little boy or girl.

__________________ 3. A class president.

__________________ 4. Somebody who is stuck-up and thinks he's better than everyone else.

__________________ 5. A girl to act the part of a teacher of small children.

__________________ 6. A mean, cruel boss.

Adapted from Bower, 1969

Personality Tests. Personality traits are sometimes measured by having the student read a series of statements and indicate how self-descriptive each one is. This self-report method is used to assess self-concept (Piers & Harris, 1969), anxiety level (Castaneda, McCandless, & Palermo, 1956), and locus-of-control (Nowicki & Strickland, 1973). For example: in the *Piers-Harris Children's Self-Concept Scale* (Piers, 1969), children mark whether or not they think each of 80 statements is true about them (see Table 4).

Table 4: Illustrative Sample of the Piers-Harris Format

Instructions: The student circles the "yes" or "no," depending on whether he or she decides each item applies.

It is hard for me to make friends	yes	no
I am smart	yes	no
I am shy	yes	no
My looks bother me	yes	no
When I grow up, I will be an important person	yes	no
I am well behaved in school	yes	no
It is usually my fault when something goes wrong	yes	no
I have good ideas	yes	no

Adapted from Piers, 1969

Projective personality assessment. Projective assessment is based on the following concepts of psychodynamic personality theory. (a) A person's disordered behaviors are largely controlled by "unconscious" mental events which must be understood before there can be any improvement. (b) The person is seldom aware of these unconscious events, but they can become apparent to a skilled interpreter of what the person says and does. (c) What the person says and does in response to unstructured and ambiguous test stimuli are especially good indicators of unconscious events. Different projective personality measurement procedures vary as to the kind of unstructured test stimuli used. The child may be asked to explain inkblots, ambiguous pictures, or drawings, complete stories or sentences; draw some object; or manipulate puppets or toys.

Some clinicians and school psychologists use the Rorschach inkblot method (Rorschach, 1942), which consists of ten (10) symmetrical inkblots, some colored and some in gray-on-white. The child is instructed to look at each and tell the examiner what he or she sees. Many scoring and interpretation methods exist. Projective assessment is highly controversial, with many authorities questioning its appropriateness.

Actual Functioning in Natural Settings

Most behavior problems involve the things students say and do in classrooms and other ordinary school environments. Therefore, measurement procedures suitable for use in natural settings may most accurately describe the behavior problems of practical concern to teachers. Two general methods of this kind are target behavior recording and measurement of behavior results.

Target behavior recording. Behavior problems of students are often phrased in general terms that mean different things to different people. For example, "hyperactivity" might mean (a) impulsive failure to take turns or follow other rules; (b) excessive movements of the arms, trunk, head, fingers, feet, or other body parts while seated; (c) frequent and unpermitted seat-leaving and other location; or (d) failure to keep the eyes and pencil engaged in an assigned task for more than a few seconds (other possible meanings could be listed). To perform target-behavior recording, it is necessary first to decide exactly which observable behaviors are of primary concern ("target behaviors"). Each target behavior is then defined in such a way that there can be little or no doubt as to whether it did or did not occur. Table 5 illustrates some target behavior definitions used in recording disruptive behavior. In some cases, environmental events that precede or follow the target-behavior (e.g., teacher behaviors, peer reactions) are also important to record. Observable environmental events can be measured in the same way as observable behaviors.

Table 5: Target-behavior definition used to assist a teacher's recording of disruptive behavior.

Disruptive behavior ... included the occurrence of any of the following behaviors: (a) out-of-seat--the student leaving his seat (i.e., buttocks not in contact with the chair seat) for more than 2 s; (b) talking-out--any off-task vocalization (e.g., not germane to academic task, such as speaking out loud without being called on); (c) excessive physical movement--any off-task physical movement (e.g., waving arms, turning around in his chair); and (d) any other behavior that required a teacher reprimand.

Quoted from Stevenson & Fantuzzo, 1984, p. 206.

The next step is to select, for each target behavior, a recording strategy that will produce data that accurately reflect the extent to which the behavior problem occurs. The recording strategy also must be practical to use in the educational setting. There are several target-behavior recording strategies available (for details see, e.g., Hall & Van Houten, 1978; Kazdin, 1980; Sulzer-Azaroff & Mayer, 1977).

Behavior-products. Many important behaviors in natural settings are best measured indirectly through the products they generate. For instance, it would be difficult to directly observe the lung, throat, tongue, and related target-behaviors that generate speech, but usually the product of these behaviors--speech--can be measured. Other examples of behavior-products measurement: words written, books left unshelved, reports turned in, crayons broken, garbage on lunchroom tables, worksheets balled-up, and comprehension questions correctly answered. If a target-behavior definition involved such a behavior-product, the teacher can measure that product after it is generated in school. More details on behavior-products recording are available in Hall and Van Houten (1978), Kazdin (1980), and elsewhere.

Actual Functioning in Artificial Settings

Some characteristics can be measured by observing their performance on tasks selected as representative of and analogous to how the student functions in everyday life. Standardized tests of ability and achievement are major examples of this measurement procedure, and such ability and achievement tests are, of course, often administered to students with behavior disorders as well as others who may need special education. In addition, measurement of actual functioning in an artificial setting can be directed more specifically toward behavior problems. To measure children's "assertiveness deficits"--a lack of social skills needed to effectively communicate positive and negative feelings--Bornstein, Bellack, and Hersen (1977) devised the Behavioral Assertiveness Test for Children (BATC). It consists of nine different scenarios in which a peer violates the rights of the assessed child (one scenario is described in Table 6). Each scenario is first described to the child, then a model plays the part of the peer. The child's reactions to the model are then measured, using target-behavior recording, in terms of four behaviors believed to represent assertiveness: (a) amount of eye contact with model; (b) loudness of the child's spoken response; (c) requests that the model do something different; and (d) a judgement as to the overall assertiveness of the child's reaction.

Table 6: BATC Scenario 8

You're in school and you brought your chair to another classroom to watch a movie. You go out to get a drink of water. When you come back Mike is sitting in your seat.

Mike (model): "I'm sitting here."

Adapted from Bornstein et al., p. 186.

Purposes of Assessment

Measurement methods such as those just described are put to various uses that are related to the education of pupils with behavior disorders. For example, measurement is fundamentally important in research on behavior disorders. More practically, measurement is crucial in process, which consists of four main parts: student selection, problem identification, program monitoring, and outcome evaluation.

Student Selection. In most school districts, a student must be officially identified as "behaviorally disordered" (or some similar term) in order to receive special education and related services targeted for the behaviorally disordered. Students are identified through a process that begins with either referral (usually by a teacher) or screening. Assessment can be of assistance in referral or screening. Measurement procedures used in screening vary according to the object of the screening. If the object is to find pupils whose disorders are not readily evident to the teacher, teacher-reported functioning (e.g., behavior rating scales) will probably not help, but self-reported functioning (through interviews, objective personality tests, and so on) and peer-reported functioning (e.g., sociometrics) may be informative. For instance, the Bower-Lambert screening procedure for behavior disorders (Bower, 1969) utilizes information from teacher, peers, and the student's self-reports to select candidates who will receive more detailed assessment for behavior disorders. On the other hand, in screening large groups of students to find candidates for early prevention services, a main consideration is usually economy of time, effort, and resources. Therefore, brief, teacher-completed behavior rating scales are often favored. For example, the AML is a short teacher rating scale used to find high-risk young pupils for special assistance in the Primary Mental Health Project (Cowen, 1980).

Selecting. To select from among students referred or screened those who actually should receive special education for the behaviorally disordered, the selection team usually need to consider assessment results of various kinds. Much of this same information is valuable in creating the IEP.

Problem Identification. To understand the selected student's problems well enough to plan and carry out appropriate educational intervention, additional assessment may be necessary. The regular teachers's referral information often describes the general nature of a pupil's behavior problems. The IQ, achievement, and other test results used by the selection team may point out some general problem direction. Often, however, important areas have not been addressed, so the special education or other assessor must measure them. The most suitable methods for specifically assessing key problem areas are often those that measure actual functioning in natural settings--that is, recording of target-behavior and behavior-products. Also helpful can be behavior rating scales.

Once measurement methods have been selected, the teacher should measure regularly and frequently--preferably everyday (Lovitt, 1977). One major benefit of this is that the status and trend of an educational problem is objectively described. This assists in specifying the problem, helps in stating the student's "present functioning" for the IEP, and assists the teacher in selecting one or several problems as most appropriate for beginning the intervention program (e.g., most frequent, most troublesome to others, most distressing to the student, easiest for parents to assist with, or on some other consideration).

Program Monitoring. Once problems are specified and interventions selected, the teacher should monitor the intervention program. By continuing the regular, frequent measurement practices used in specifying the problem, the student's progress or lack of progress will become apparent. Daily results may be graphed to further clarify performance trends. This helps provide protection against the danger of using an intervention too long (after it has been given a fair trial but still provides little or no gains) or too briefly (where steady but small gains may escape the teacher's notice). With the feedback from regular and frequent measurement, the teacher will better be able to judge when an intervention technique or program ought to be changed.

Outcome Evaluation. There are many ways of evaluating program outcome. Most obviously, the measurement procedures used in specifying the problem and monitoring student progress (especially target-behavior recording and behavior products) can also be used to determine how well IEP goals are met. Additionally, some of the methods used in general problem area identification can be used to evaluate outcome. For example, if after some time in special education the behaviorally disordered student shows substantial improvements in achievement test performance and sociometric evaluations, this is an indication that success is being achieved in the program.

Social Validation is another concept with strong relevance to program outcome evaluation (Kazdin, 1977; Cullinan, Epstein, & Reimers, (1981). Social validation includes procedures for examining whether measured changes in a student's functioning are appropriate and large enough to change the student's status in practically important ways. Two ways of socially validating intervention programs are peer comparison and subjective evaluation.

In the peer comparison method, the target-behavior recorded for the student with the behavior problem is also recorded on one or several other normal pupils (those not in need of intervention). These data indicate a "normal" level of that target behavior, against which the special student's measured behavior is compared. Peer comparisons not only help in program outcome evaluation, they give the teacher an objective way of determining when the behaviorally disordered pupil's target-behavior is normalized, thus assisting judgements as to when reintegration with regular students may be likely to succeed.

The subjective evaluation method involves selecting persons who, by virtue of experience with the student or possession of special knowledge about the target-behavior, can judge the practical importance of improvements in the target-behavior. Such judgements are often given as responses to behavior rating scales, checklists, or other reported-functioning measures.

Other methods and considerations in evaluation are discussed in a later section.

3. Time Allocations

There is no research meeting specified criteria that addresses appropriate time allocations for special and regular education to the behaviorally disordered. Thus we are required to use best professional judgment in planning along these two lines. A review of literature, turned upon by one study, presented information along these lines (Morse, Cutler, & Fink, 1964), and this only reported typical (not appropriate) time in special education as of more than two decades ago. Table 7 presents these data in summary form.

Table 7:
Length of Pupil Participation in Programs

(N = 519)	Percent
Less than 1 year	42
1 - 1½ years	28
1½ - 2½ years	10
2½ - 6 years	5
No data	15

Source: Morse et. al., 1964

4. Integration of Regular and Special Education

Many of the curricular practices described later are, as noted, suitable for assisting the integration of behaviorally disordered students into regular education. In fact, most educational efforts for behaviorally disordered students have regular class integration as an arrowed aim. Also, many of the intervention approaches and programs described so far are suitable for use in regular, resource, special class, day school, and other educational settings for the behaviorally disordered. The present section presents organized, planned programs for integrating behaviorally disordered students into regular education.

The Madison School Plan (Taylor & Soloway, 1983), provides special education support according to pupils' readiness for regular classroom functioning. Four levels of programming are offered based on students' competence. The first level emphasizes basic skills of attending, following directions, and being on-task. It is essentially a special class with extensive behavior modification, remedial work, and other highly structured features. The next level stresses taking part in activities and getting along with others. Here there are fewer students, more natural reinforcers, work resembles regular class work, and there is some regular education participation. As students develop competencies, they move to levels that emphasize the development of academic skills. At the third level (Academic I), there is a simulation of the regular classroom, with grades given on a daily or hourly basis, and natural reinforcers only. Also, there is substantial regular class participation and regular class work. Finally, the Academic II level is full participation in a regular classroom, with close liaison between regular and special teachers.

The Madison Plan uses two average-size classrooms that are subdivided into the three special or transitional settings. Thus, pupils can move from Level One (self-contained) to Three (resource room) and out into the regular classroom as they develop the necessary skills. It was not originally designed for the behaviorally disordered exclusively. It has high logical appeal, but there is no research support for the efficacy of the Madison Plan for reintegration of behaviorally disordered students.

CLASS Program. Contingencies for Learning Academic and Social Skills (CLASS) is designed to allow regular classroom teachers to control aggressive and disruptive pupil behavior. It integrates several separate behavioral interventions into a teaching "package" administered by a trained consultant. Prior to intervention, baseline data are collected on disruptive behaviors in the regular class. This information is compared with other referral information to clarify selection decisions and goals of intervention. The student's teacher, principal, parents, and the student himself are then presented with the CLASS package (selected elements are explained to each).

The CLASS program itself contains several elements. First, there is a classroom group-oriented contingency. The targeted pupil earns points for displaying appropriate classroom behavior and following the teacher's rules.

If enough points are earned during the day, the entire class shares in a preselected reward (extra recess, playing a game, or the like). The teacher also praises the pupil each time a point is earned. Third, arrangements are made with the pupil's parents to provide a home reward such as extra TV time or treats when the pupil brings home a satisfactory report card, which is available only if the pupil has earned a sufficient number of points. CLASS is initially carried out and demonstrated by the consultant, but the classroom teacher very soon begins to assume an active role. Within several days, she is implementing CLASS with little or no consultant help. As this program moves to completion, the use of points is phased out while teacher praise begins to maintain the pupil's appropriate behavior. The CLASS program is designed to be completed in about two (2) months.

Research reported in the manual supports the efficacy and replicability of CLASS for young elementary schoolers. However, these students were not generally identified officially as behaviorally disordered; they were, in essence, pre-behaviorally disordered. That is, CLASS functions as a preventative program. However, it appears to be suitable for use, perhaps with minor changes, as an aid to reintegration of a behaviorally disordered student into regular education. Further details are available in Hopes, Beickel, & Walker (1976).

5. and 7. Curriculum and Curriculum Models

Curriculum is a particularly key consideration in the education of students with behavior disorders. This is because they need to learn the academic, social, personal, and other lessons just as do peers of like ability, while experiencing the educational handicap of behavior disorder. Additionally, learning disorders are a key characteristic of many behaviorally disordered. Thus, these students need not only to make ordinary progress but to catch up in various educational areas.

The importance of curriculum has not, unfortunately, been reflected in research and evaluation activity in this area. Few research studies met even most of the criteria established for acceptability. However, there is value in reviewing the various approaches to curriculum in the field of behavior disorders, with some examples and evaluative comments as appropriate.

First, it should be emphasized that although every behaviorally disordered student is not below expectation in ability and achievement, many are. Various researchers have found a link between poor school achievement and behavior problems of students. Oliver (1974) and Roberts and Baird (1972) obtained ability, achievement, adjustment, and other data on about 13,000 American pupils 6 to 17 years old. Elementary school pupils who were behind academically were considerably more likely to show difficulty adjusting, an attention problem, and hyperactivity. Academically deficient secondary students were much more likely to be poor school attenders, unpopular with peers, seriously maladjusted, and to require frequent discipline. Swift and Spivack (1973) found a tendency for pupils with poor academic achievement to exhibit several maladaptive patterns of behavior, including inattentiveness and withdrawal from class activity, poor rapport with teacher, lack of personal initiative and involvement, negative feelings and actions, restless disturbing behavior, and external blaming.

The other side of the coin is that many identified behaviorally disordered students show achievement and other learning disorders. Research estimates of the prevalence of learning disorders among the behaviorally disordered vary widely (Cullinan, Epstein, & Lloyd, 1983), but rarely less than one-third of that population. Also, achievement deficits grow with increasing age. Clearly, the behaviorally disordered and their teachers are in need of powerful curriculum support.

Approaches to curriculum for the behaviorally disordered have been quite varied. They can be broken down roughly into those which attempt to address academic and related problems, and those that address nonacademic needs.

Academic Problems

1. Process-training approaches call for evaluation of cognitive processes in order to identify strengths and weaknesses in the student's abilities to learn. Instruction then attempts to strengthen a weak process or "teach around" it emphasizing other cognitive processes. This orientation is usually associated with the field of learning disabilities, but is also used with the behaviorally disordered.

Logical as process training appears, there is little scientific evidence to support it is an effective method for improving school performance (e.g., Hammill & Larsen, 1974).

2. The emotional support approach focuses on building and utilizing interpersonal relationships to facilitate personal and social growth, in hopes that this will eventually improve learning as well. The teacher attempts to improve the feelings and attitudes the pupil holds toward self and others, so that the pupil is free to master academic skills and/or be amendable to teacher-directed instruction. Dembinski (1982) provided detailed explanations and illustrations of how to use curriculum to improve students' self-concepts, with special attention to making certain that what is to be learned has particular relevance to the behaviorally disordered learner. This is a psychoeducational approach, designed to make learning attractive to the typically unsuccessful student. It recognizes a learner's reluctance to engage in activities they have usually failed in. The student's emotional

reaction to unsuccessful cognitive activities is as important as the student's verbal or written performance on the tasks.

3. Individualizing is strongly implied by the psychoeducational approach. Of course, individualization is not confined to any approach, and is a strong recommendation of many approaches in many fields of teaching. With regard to teaching the behaviorally disordered, the concensus appears to be that the main purpose of individualizing for social and emotional needs is to enable children to feel successful. In order to do this, teachers must be sensitive to individual children's problems so that they can make minor adjustments in curriculum plans to accommodate individual needs. Such modifications often are only necessary until the child becomes familiar and secure with the situation.

The following practices are among those recommended for individualizing to meet children's emotional and social needs in school.

1. Lessons and activities that are appealing and exciting. For unmotivated, oppositional children, high-interest activities such as field trips, games, concrete rewards, special privileges or unusual projects may be needed to engage them in learning and achieving.
2. Reminders of past failures. Books used in previous classes are constant reminders of personal inadequacies and failures. New and different materials are often more desirable.
3. Appearance of materials. If an assignment appears to be more than the student believes he can do, he may reject it immediately as "dumb". It is often wise, therefore, at least initially to make individual worksheets with fewer items. The teacher also needs to guard against making it look like "baby work".
4. Content of materials. Behaviorally disordered students can have strong positive and negative emotional reactions to the content of school

material. The teacher should carefully consider potential impact of lessons. For example, emotionally charged stories which expose the child's fears may be inappropriate reading material. The teacher should try to anticipate how the child will react to content and screen out materials that may be emotionally loaded.

5. Build in repetition. Children with long histories of failure often give up without trying or become easily frustrated with challenges. By carefully placing assignments so that the student always believes he can do the work, a teacher can help the student gain confidence in himself and his ability to learn.
6. Allow the students some choices. Giving children choices allows them to feel in control. Without threat to the teacher's control, a student can decide which of several assignments she will finish, correct her own work, chart progress, vote on reinforcers or activities, and help select units of study. Teachers can thus help the student learn to be autonomous, cooperative, and responsible.
7. Active involvement. Many behaviorally disordered students are highly susceptible to boredom and distractions from the environment and from their own thoughts and concerns. The teacher should counter distraction and boredom by planning short, high-interest, novel lessons. Lectures can be disastrous, tasks which require the child to watch, listen and do something are usually more successful.
8. Learning centers. Places in the classroom where materials and instructions for certain activities are arranged so that students can independently carry out an assignment. Can be used as substitutes for seat work, or as an instant alternative when an activity is not going well for a particular student.

9. Instructional units. In this approach, children all are assigned the same topic to study but the assignments are different. Some are shorter and less complex than others, depending on individual children's functioning level, attention span and specific interests.
10. Sequential tutoring. In sequential tutoring, children are given individualized seat work and, as they work, teachers move from student to student, giving help as needed; or children take their work to the teacher who is stationed at a desk. This latter arrangement is probably better, because it is less distracting to other students and is more likely to give help to only those students who need it.
11. Student tutoring. In peer or cross-age tutoring, children are training and supervised by a teacher to teach younger children or classmates.

4. *Behavior modification* approaches to remediating academic problems emphasize assessing the specific skills needed by the student, then structuring teaching to promote their acquisition and maintenance. Two major applications of behavior remediation in special education are academic behavior modification, direct instruction, and precision teaching.

Academic behavior modification features careful measurement of academic behaviors and environmental manipulations. The essential components of appropriate measurement include direct measurement, daily measurement, continuous evaluation, and reliable measurement (see Lovitt, 1975). Direct measurement refers to the assessment of specific academic behaviors and skills of concern, rather than in a grade-equivalency score derived from an achievement test. Daily measurement allows teachers to have access to an immediate source of information about the student's on-going functioning. This permits continuous evaluation of student performance. Daily performance can be plotted on a graph, day-to-day changes in student performance can be noted and instructional decisions can be keyed to the pupil's current level of success. Reliable measurement calls for occasional recording by a second observer to guard against bias in recording.

With measurement of the academic target, the teacher must select from among various procedures for manipulating environmental antecedents and consequences. Antecedent techniques include curricular materials and programs, teacher presentation strategies (e.g., instruction, modeling), and requirements that students engage in various behaviors (verbal rehearsal, mnemonic strategies) as an aid to emitting the correct academic responses. In consequent techniques, the teacher systematically manages events that follow responses in order to increase, decrease, or maintain correct responding. Token, social, and activity reinforcement have been found to be effective in improving the academic performance of pupils as well as their social-personal behavior.

Direct instruction intervention is based on teaching children a "general-case strategy" for attacking and solving types of problems. For each type of problem, the student learns a set of preskills and a rule for sequencing these preskills so that any problem of that type can be solved. Direct instruction is highly structured: teaching practices are carefully specified so that the teacher knows just how to prompt, reinforce, correct, pace, and perform other preferred teaching behaviors.

In the precision teaching approach, specific educational objectives are determined on the basis of assessment data. Work is frequently and carefully monitored, and precise data about progress are plotted on a graph. This enables teachers to project when a child is likely to master a particular objective.

5. Reducing the difficulty. A major source of frustration for older behaviorally disorder students is a lack of reading material focusing on mature interests while providing instruction geared to the student's low reading ability. Texts are available that focus on relevant adolescent subjects, such as sports, dating, adventure, and cars, while maintaining a highly controlled vocabulary and emphasizing basic skills, and such series can be very helpful in supporting a successful program.

Another way to individualize for behaviorally disordered students is to modify the regular, grade-appropriate curriculum. One purpose of this is to reduce the difficulty of the material or increase the student's ability to handle difficult material. Another purpose, as already mentioned, is to eliminate content that might disturb the student.

"Maladies and remedies". Experienced teachers have developed a wide range of "homemade" ways of adapting curriculum to varying individual circumstances. If a group of experienced teachers are put together for a brainstorming session, they are usually able to produce dozens of recommendations that have worked with some students. The "maladies and remedies" approach is simply collecting, organizing, and cataloging these adaptions. One such catalog is Maladies and remedies (Mayle & Riegel, 1979), which lists adaptations ("remedies") for each of the following "maladies": organization (e.g., getting started, completing tasks on time), listening/ speaking, reading, writing, and thinking skills (e.g., seeing relationships, remembering). For instance, under the listing for reading problems, more than a dozen adaptations are suggested for problems in understanding what is read see Table 8.

Table 8: Maladies and remedies

If student has difficulty:	then, try this!
understanding what is read	__ reduce the range level
	__ become more concrete use manipulatives use pictures
	__ reduce amount of new ideas
	__ provide experience before and after reading as a frame of reference for new concepts
	__ simulate
	__ relate to previous experience or something student already knows
	__ provide study guide
	__ provide categorical cues
	__ give organizational help
	__ teach student to visualize what is read via role playing or providing descriptive passages for practice
	__ provide alternate media (using a film instead of a lecture)
	__ add additional input source, like putting text on tape so student can hear what she/he reads
	__ avoid passive voice (Dan hit John. not John was hit by Dan.)
	__ remove extra words - Jane, please sit. not Jane, would you please sit in your chair.
	__ pre-teach; tell students what they will learn
	__ use a fill-in-the-blank instructional technique, close procedure;

Source: Mayle and Riegel, 1979

Study Skills and Problem-Solving Strategies

Cognitive behavior modification. A rapidly growing area of interest in treatment for behaviorally disordered and other handicapped students is cognitive behavior modification (Meyers & Craighead, 1984). One form of this is "self-instruction training", in which a model states and demonstrates appropriate behavior (e.g., resistance to temptation), the child performs and mentally practices the behavior under training scrutiny, and finally performs the appropriate behavior along with the guiding self-statements without trainer help. For instance, Camp (Camp, Blom, Hebert, & Doorninck, 1977) investigated the Think Aloud self-instruction program for controlling aggressive behavior. In this program, the student is taught to consider and act on four questions: What is the problem?; What is my plan to solve it?; Am I using my plan?; and How well did I do? Training takes place first on mental tasks (puzzles), later on social problems. Evidence supported the Think Aloud program as a way of improving prosocial behavior. Meyers and Craighead (1984) and Wilson (1984) review various approaches to cognitive behavior modification that can help students with behavior and emotional difficulties.

Educational skills. A few approaches have focused on training key educational "survival skills" that will enhance the students ability to profit from schooling and get along with the teacher. For example, the Program for Academic Survival Skills (PASS; Greenwood, Delquadri, Hops, & Walker, 1974) is an approximately six-week in-class intervention program for students with poor academic survival skills. The classroom teacher is taught to implement the program by a teacher-consultant during six after school meetings and several in-class visits. Although the program's major emphasis is upon improving the survival skills of low-skilled students, the program is carried out with the full participation of all class members through the use of group reinforcement contingency. After the first 15 days of the program, responsibility for the program's daily operation is gradually transferred to the teacher. The teacher not only learns to specify important survival skills for children in the classroom, but also learns procedures for recording, reinforcing, and maintaining improvements in classroom behavior. Three recycling procedures are available should the teacher determine further improvement necessary following program removal.

Social Skills Training

Perhaps the fastest growing area in treatment of behaviorally disordered students is social skills training. Social skills training programs have been developed for a wide range of student abilities, age levels, and other situations. For instance, the ACCEPTS program (Walker, McConnell, Holmes, Todis, Walker, & Golden, 1984) teaches 28 key classroom and social skills to younger students. These skills are grouped into five areas: classroom skills, basic interaction skills, getting along, making friends, and coping. It is designed to teach the social skills necessary for the integration of handicapped children into less restrictive settings. Instructional formats are provided for one to one, small group, large group, or entire classroom applications. Procedures are included for transferring and strengthening application of the skills in natural settings.

Structured learning. (Goldstein, Sprafkin, Gershaw, & Klein, 1980) is an approach to social skills training for adolescents. Like most contemporary social skills curricula, it views adolescents' interpersonal, affective, coping, and planning behaviors as skills in which they may or may not be proficient. The task of Structured Learning is to teach these skills when youngsters are deficient in them. Skills taught via structured learning are divided into six groups: beginning social skills, advanced social skills, dealing with feelings, alternatives to aggressions, dealing with stress, and skills for planning (see Table 9). To teach these skills, structured learning uses four major components: (a) modeling, (b) role playing, (c) performance feedback, and (d) transfer of training. This approach has proven effective with mental patients and retarded persons, and there is some research support for its use with behaviorally disordered adolescents.

Table 2: Structured Learning Skills

Group I - Beginning Social Skills

1. Listening
2. Starting a conversation
3. Having a conversation
4. Asking a question
5. Saying thank you
6. Introducing yourself
7. Introducing other people
8. Giving a compliment

Group II - Advanced Social Skills

9. Asking for help
10. Joining in
11. Giving instructions
12. Following instructions
13. Apologizing
14. Convincing others

Group III - Skills for Dealing with Feelings

15. Knowing your feelings
16. Expressing your feelings
17. Understanding the feelings of others
18. Dealing with someone else's anger
19. Expressing affection
20. Dealing with fear
21. Rewarding yourself

Group IV - Skill Alternatives to Aggression

22. Asking permission
23. Sharing something
24. Helping others
25. Negotiating
26. Using self control
27. Standing up for your rights
28. Responding to teasing
29. Avoiding trouble with others
30. Keeping out of fights

Group V - Skills for Dealing with Stress

31. Making a complaint
32. Answering a complaint
33. Sportsmanship after the game
34. Dealing with embarrassment

35. Dealing with being left out
36. Standing up for a friend
37. Responding to persuasion
38. Responding to failure
39. Dealing with confusing messages
40. Dealing with an accusation
41. Getting ready for a difficult conversation
42. Dealing with group pressure

Group VI - Planning Skills
43. Deciding on something to do
44. Deciding on what caused a problem
45. Setting a goal
46. Deciding on your abilities
47. Gathering information
48. Arranging problems by importance
49. Making a decision
50. Concentrating on a task

Another social skills training program for adolescents is ASSET (Hazel, Schumaker, Sherman, & Sheldon-Wildgen, 1982). The many social skills it teaches are divided into eight skill areas; giving positive feedback, giving negative feedback, accepting negative feedback, resisting peer pressure, problem solving, negotiation, following instructions, and conversation. This program, which is expensive, includes video or film presentations of key social skills that help teach these skills. It has received good research support in clinical and juvenile corrections settings, and with the learning disabled.

Affective-Social Development Curricula

The idea of social and affective skills curricula is not new. The older curricula emphasized reading about social skills and engaging in somewhat indirect training activities (games, discussions), while the new social skills training approaches emphasize direct instruction activities (modeling, self-instructions, repeated practice, and reinforcement for correct performance.) There are dozens of these affective-social development curricula in existence. A few illustrative ones are described in Table 10;

these and others are described in more detail in Swanson and Reinert (1984), Clarizio & McCoy (1983), and Dembinski, Schultz, & Walton (1982).

Table 10: Affective Development Curricula

The Coping With Series

Authors: Shirley Schwartzrock and C. Gilbert Wrenn
Publisher: American Guidance Service, Inc.
Date: 1973
Level: Junior and senior high school

The Coping With Series is made up of materials designed to stimulate thought and discussion on the themes covered in the book. The set includes objectives, procedures, and activities for presenting various themes. Facts and Fantasies about Drugs (laws, uses, abuses, and effects of various drugs); The Mind Benders discusses drug abuse and an actual account from an ex-addict; Some Common Crutches examines using "crutches" in alleviating emotional problems (Food, Alcohol). You Always Communicate Something examines conscious and unconscious means of communication. Parents Can Be a Problem discusses conflicting values of parents and teenagers, and special problems that parents may have (divorce, alcoholism, being overly permissive, or overly restrictive).

* *

Developing Understanding of Self and Others
(DUSO) D-1 and D-2

Author: Don Dinkmeyer
Publisher: American Guidance Service, Inc.
Date: 1970
Level: Kindergarten and lower primary grades (D-1); upper elementary (D-2)

The DUSO program includes activities of inquiry, listening, and discussion to develop attitudes and a better vocabulary to help express feelings. D-1 contains story books, colored illustrations, posters, puppet and role-playing cards, puppets, and props for puppet shows. D-2 includes records and cassettes, posters, role-playing activity cards, puppet activity cards, puppets, discussion pictures, career awareness activity cards, discussion guide cards, and self- and social development activity cards. DUSO emphasizes mutual respect and trust between the teacher and child, supports the concept of the pupil belonging with the group, encourages children to explore their hopes, needs, and fears, and to express ideas.

* *

Self-Control Curriculum
Authors: Stanley Fagen, Nicholas Long, Donald J. Stevens
Publisher: Charles Merrill
Date: 1975
Level: Elementary

The authors (Fagen, Long, & Stevens, 1975) propose that emotional and cognitive development are closely related, that both ought to be addressed in psychoeducational teaching, and learning is improved when the pupil has positive feelings about herself, the material, and the teacher. They also view many cases of behavior disorder as a failure of self-control. The Self-Control Curriculum is designed to teach self-control and develop positive feelings towards self and the world. It conceptualizes self-control as dependent largely on the proper functioning of eight "enabling skills", four primarily cognitive (selection, storage, sequencing and ordering, and anticipating consequences), four others mainly affective (appreciating feelings, managing frustration, inhibition and delay, and relaxation).

For each enabling skill, there are a rationale, curriculum units, games and other activities, and guidelines for the teacher. For example, under the enabling skill Appreciating Feelings are curriculum units for identifying feelings, developing positive feelings, managing feelings, and reinterpreting feeling events. As they implement these activities, teachers are advised to start easy, proceed in small steps, provide repetition, show appreciation for effort, make activities enjoyable, prepare students to use their new skills in other situations, and remain flexible.

* *

Toward Affective Development (TAD)

Authors: Henry Dupont, Ovitta Sue Gardener, David S. Brody
Publisher: American Guidance Service, Inc.
Date: 1974
Level: Ages 8 through 12

This program attempts five goals: to help students become more open to experience; recognize, label, and accept feelings and to understand the relationship between feelings and various interpersonal events; develop skills of social collaboration, become more aware of their unique characteristics, aspirations, and interests; and choose behavior that is personally satisfying and socially constructive. There are five "sections" to this extensive curriculum: Section I, "Reaching In and Reaching Out", has 51 lessons in five units; Section II, "Your Feelings and Mine", includes 45 lessons organized in six units; Section III, "Working Together", has 37 lessons organized into five units; Section IV, "Me: Today and Tomorrow", has lessons presented at two grade levels; Section V, "Feeling, Thinking, Doing", includes 19 lessons in one unit.

The TAD lessons are developed according to the following guidelines: (1) teachers care about students, (2) teachers care about feelings, (3) teachers can influence affective development and learning, (4) students are active participants, and (5) student interaction is encouraged.

Supportive Therapies

At one time or another, a broad spectrum of therapeutic activities and modalities have been recommended as supportive (usually) or even primary therapies. These have included art, music, dance, writing, poetry, diary, drama, and more recently, computer and television-watching therapies (Phillis, 1982). There is little research evidence to support any of these, yet they are found widely in programs for the behaviorally disordered.

Developmental Curriculum

One curriculum utilized in a day school setting for handicapped students (including some behaviorally disordered students) is expressly developmental in conception and implementation. Developmental Therapy (Wood, 1975) takes the view that behavior disorders are deviations in normal child development stages. Wood identified five stages of development for children aged 2 to 12 years; I, responding to the environment with pleasure; II, responding with success, III, learning to take part in groups; IV, contributing to and benefiting from the group; V, applying individual and group skills to new situations. These stages characterize four curriculum areas--Behavior, Communication, Socialization, and Academics--that include about 150 emotional-developmental achievements that Wood sees as major milestones. Teaching procedures are designed to help achieve these milestones by moving the child throught the stages within each curriculum area.

In order to implement the curriculum, the child is assessed by means of the Developmental Therapy Objectives Rating Form (DTORF). Results are used to place the child in each of the four curricular areas. The Behavior curriculum refers to adaptive responses ranging from simple physical awareness, attending to a stimulus, simple motor responses, body control, participating in routine activities, to advanced impulse control, organizing responses according to expectations of others, and involvement with rules. The Communication curriculum involves verbal and nonverbal efforts to interact with others: Gestures, watching and imitating others, producing speech sounds and verbal approximations, and using sequences of words are seen as prerequisites of learning to listen, describing feelings and characteristics, and conveying information. The Socialization curriculum involves processes that lead a child into successful interactions in group situations, such as awareness of others, play, taking turns, sharing, participating, developing preferences for friends, and ultimately functioning as an important member of a group. The Academic curriculum deals with cognitive skills underlying academic mastery. These include simple eye-hand coordination, preceptual skills, memory, classifying, concept building, receptive language, recognizing details, conversation, expressive language, academic activities, and creative problem-solving.

6. Evaluation Models for Special Education of the Behaviorally Disordered

Important as evaluation of special education is, this is largely a neglected area. There is initially no research and relatively little formal discussion in the literature (Maher, 1981). There are several considerations that would appear to be basic to a usable evaluation system for special education for the behaviorally disordered.

Object of evaluation. In the first place, there must be decisions as to what will be evaluated. A district would use the Individualized Education Program (IEP) concept as a guide to determining what is to be evaluated. For example, is there satisfactory utilization of each feature of the IEP -- the various special and related services, appropriate assessment considerations, the persons involved in IEP planning, conferences and implementation? The IEP concept addresses many important features of special education, so it could serve as a guide for evaluation.

Another area for evaluation relates to the satisfaction of persons involved in special education for the behaviorally disordered. Are the process, the outcomes, the costs, and other features satisfactory to students, teachers, parents, school officials, and others with interest in the special education program?

Of course, a major consideration is evaluation of the pupil's actual functioning and progress in the program. One would hope that programs that produce greater student-progress generate higher satisfaction in all persons concerned, although this may not be the case. At any rate, education agency policymakers may determine other areas for evaluation in addition to progress, and student functioning.

Assessment. Methods of assessment used in evaluation are not essentially different from those noted earlier in this report (see section on assessment for making placement decisions). One variation that is especially applicable to evaluation deserves mention: The Goal Attainment Scale (GAS; Maher & Bennett, 1984). The GAS relies on a method for assessing the attainment of goals that have been set for individual students and programs. Details of the use of GAS are presented elsewhere (Maher, 1979; Maher & Bennett, 1984). Briefly, each goal can be achieved fully, better than expected, about as well as expected, somewhat less than hoped for, and not at all (similar to a behavior rating scale). The specific individual or program outcome corresponding to each of these degrees of goal attainment are then specified. Once the time for evaluation arrives, the actual attainments are identified and ompared to the GAS constructed earlier. Examples of GAS forms are presented in Table 11.

Table 11: G.A.S. examples

Goal Attainment Scale Categories	Improved School Attendance	Improved Classroom Productivity	Improved School Socialization
Best anticipated success	100% daily attendance	90-100% completion of academic classroom assignments in all academic classes	0-1 disciplinary referrals to vice-principal
More than anticipated success (+1)	90-100% daily attendance*	80-90% completion of academic classroom assignments	2-4 disciplinary referrals to vice-principal*
Expected level of success (0)	80-90% daily attendance (based on school attendance records)	70-80% completion of academic classroom assignments (based on teacher record books)*	5-6 disciplinary referrals to vice-principal (based on office records)
Less than expected success (-1)	60-80% daily attendance ✓	50-70% completion of academic classroom assignments	7-10 disciplinary referrals to vice-principal
Most unfavorable outcome thought likely (-2)	Less than 60% daily attendance	Less than 50% completion of academic classroom assignments ✓	More than 10 disciplinary referrals to vice-principal ✓

Scale Attainment Levels	Goal I: Improve School Punctuality	Goal 2: Increase Completion of Classwork	Goal 3: Improve Teacher Relating
Much more than the expected results (+2)	Total days late for school in 10 weeks is 2 or less	85-100% completion in the past 2 weeks	0-.5 arguments per day in the last 2 weeks
Moderately more than the expected results (+1)	Total days late for school in 10 weeks is 3-4[a]	75-85% completion in the past 2 weeks	.5-1 arguments per day in the last 2 weeks[a]
Predicted or expected results (0)	Total days late for school in 10 weeks is 5 to 7	75% completion of classwork in the past 2 weeks[a]	1 to 2 arguments per day with a teacher in the last 2 weeks
Moderately less than the expected results (-1)	Total days late for school in 10 weeks is 8-9 ✓	50-75% completion in in the past 2 weeks	2 to 4 arguments on the average per day in the last 2 weeks
Much less than the expected results (-2)	Total days late for school in 10 weeks is 10 or more	Less than 50% completion in the past 2 weeks ✓	4 to 6 arguments per day on the average in the past 2 weeks ✓

✓ = Baseline level
[a] = Level at Evaluation.

Level of evaluation. Evaluation in special education for the behaviorally disordered may take place at various levels. Different details of evaluation practice would be indicated by evaluation of an individual behaviorally disordered student, a school with resource and special class provisions for the behaviorally disordered, and the services for behaviorally disordered students offered by the state education agency.

Various effects. The effects of a program may not be uniformly good, bad, or so-so on all aspects that it is supposed to impact. Thus it is crucial that evaluation planners consider a variety of effects that the program may have. Also, it often is worthwhile to assess any selected effect in various ways. For example, a program to remediate social withdrawal may be effective in increasing the number of social interactions a withdrawn student makes but not influence his acceptability among peers. This may not be apparent unless social withdrawal were measured using a target-behavior recording method for social interactions and a sociometric.

Whatever evaluation process is selected, it would be wise to evaluate the evaluation process. An evaluation plan is important but requires much effort. To increase the chances it will be useful, it should be carefully created with the foregoing points in mind, implemented on a pilot basis, carefully evaluated for the pilot period, and revised as necessary.

Table 12 identifies some variables for consideration in designing an evaluation process for services to behaviorally disordered students. Three kinds of variable are especially important to consider student status variables that may help eventually to place student differentially in more appropriate programs, education context and process variables that help specify the ordinarily vague and inconsistent nature of special education placements (e.g., what is a resource room? What features are similar and different from one example to another?), and student functioning variables.

Table 12: Three Important Variables in Evaluation

A. Student status variables

sex, age, locale, race & ethnic, SES, health & medication, IQ, reading achievement, arithmetic achievement, adjustment problems severity etc. (see task spec.)

B. Education context and process variables

Special education placement, degree of regular education, degree and kind of structure in each setting, emphases and approaches to intervention, degree and kind of teacher-student contacts

C. Student functioning variables

1. School performance
    a. general academic achievement
    b. specific arithmetic achievement
    c. specific reading achievement
    d. specific language achievement
    e. career-vocational readiness
2. Ability
    a. general
    b. specific or processing
3. Personal and behavioral adjustment
    a. attendance, punctuality
    b. office referrals, suspensions
    c. grades
    d. dropout
    e. variety of directly observed and recorded behaviors
    f. variety of behavior products
    g. variety of self-, teacher-, peer-, and other-reported functioning

8. Court Cases

Generalizing beyond what a court has found in a particular case is risky. Each case rests on particular facts. Facts from case to case may be comparable, but nevertheless the cases are essentially unique. What might be generalized from a case is set of principles. Whether these principles are applied in subsequent cases depends on many factors. When individual cases begin to form a pattern, there may develop a trend in the decisions. This has occurred with some issues affecting education for the behaviorally disordered.

The decisions are organized in terms of what issue each primarily affects. Some decisions may influence more than one issue. Issues addressed are expulsion and suspension (including in-school suspension) corporal punishment, seclusion, and evaluation.

Expulsion and Suspension

Goss v. Lopez, 419 U.S. 565 (1975). In this case, the U. S. Supreme Court affirmed the decision of a lower court that several high school students were denied their rights when suspended from school for misconduct without a hearing. The Court stated that students facing temporary suspension have property and liberty interests that qualify for protection under the constitution. In a suspension of 10 days or less, the student must be given notice of the charges against him. If he denies them, he is entitled to an explanation of the evidence and an opportunity to present his side of the story.

Stuart v. Nappi, 443 F. Supp. 1235 (D Conn. 1978). "Handicapped children are neither immune from a school's disciplinary process nor are they entitled to participate in programs when their behavior impairs the education of other children in the program." A school can deal with a child's disruptive behavior, but it cannot unilaterally change his placement after a complaint has been initiated. But the right to a free appropriate education in the least restrictive environment supercedes state law. Expulsion is a program change requiring due process in accordance with 94-142 regulations. Suspension up to 10 days is not a program change.

Doe v. Koger, 480 F. Supp. 225 (N.D. Ind. 1979). A school cannot expel a special education student whose misbehavior results from a handicap, but it may exclude a special education student if the misbehavior is unrelated to the student's handicap. The determination of this relationship is to be made by an appropriate special education placement team, not solely the school administration.

Flint Bd. of Ed. v. Williams, 276 N.W. 2d 499 (Mich. App. 1979). The legislature intended to provide special protection for handicapped individuals, including provision for involvement of parents in both placement and removal of their children. The school may authorize the removal of a pupil who is guilty of gross misbehavior or persistent disobedience only after an evaluation as been conducted in accordance with the rules of the state board of education.

Mrs. A.J. v. Special Sch. Dist. No. q, 478 F. Supp. 418 (D. Minn. 1979). Consecutive suspensions are permitted if the student is dangerous to self and others. Before a school can impose consecutive suspensions on a student, there must be a separate, informal administrative conference prior to each suspension. Notice to the student and/or his parents is required.

Sherry v. New York State Ed. Dept., 479 F. Supp. 1328 (W.D.N.Y. 1979). A child's exclusion from school is a "change of program," and can occur only after procedural safeguards have been followed. A plea of insufficient staff to supervise a student is without merit. Due process requires an impartial hearing office.

Southeast Warren Community v. Dept. of Pub. Inst., 285 N.W. 2d 173 (Iowa 1979). The state legislature has empowered school districts to deny admission to children whose presence "may be injurious to the health or morals of the pupils or to the welfare of such school." This does include the power to expel special education students, but it also requires that special procedures be carried out prior to explusion. The special education placement team must engage in a formal IEP reevaluation at the time expulsion is considered. Expulsion is a last resort if no appropriate educational alternative can be found.

Stanley v. School Administrative Unit No. 40 for Milford--Mount Vernon. New Hampshire, et. al., 3 EHLR 552: 390 (DNH 1980). Suspension was allowed to stand because disruptive behavior was not caused by the handicap (LD in this case). However, more elaborate safeguards than required by Goss v. Lopez were called for. Also, the suspension was reduced from 21 to 10 days. As in other decisions, more than 10 days was considered to be a change in the program.

S-1 v. Turlington, 635 F. 2d 342 (S.D. Fla, 1979; 5th Cir, 1981; U.S.S.C., 1981). The expulsion of a handicapped child constitutes a change in placement. It can be done only after an appropriate review process has determined that there is no relationship between the misbehavior and the child's handicap. School discipline procedures do not supercede P.L. 94-142 rights and procedures.

H. R. v. Hornbech, 524 F. Supp. 215 (D. Md. 1981). The court declined to hear an appeal on the removal of a child from school because of behavior problems. It held that an administrative appeal was an appropriate process for determining if the disciplinary action was related to a child's handicap.

Reineman v. Valley View Commun. School Dist. No. 365-U, 527 F. Supp. 661 (N.D. Ill. 1981). The court rejected parents' claims that a child, judged handicapped two months after a suspension for carrying a knife in school, should have been determined to be handicapped before the incident.

Blue v. New Haven Board of Education, et. al. 3 EHLR 552: 401 (1981). A suspenstion of more than 10 days is tantamount to a change in program. Such a change in the program must be made by an appropriate special education placement team, not through ordinary disciplinary procedures. Also, an extended suspension (10 days) pending a decision on expelling a student constitutes such a change of program or placement. This is true even though homebound instruction was provided during the extended period.

Board of Educ. of Peoria v. Illinois State Bd. of Educ., 531 F. Supp. 148 (C.D. Ill. 1982). The court reinstated the suspension of a secondary school student who had verbally abused his teacher. The court distinguished between a short-term suspension and an expulsion.

Kaelin v. Grubbs, 682 F. 2d 595 (6th Cir. 1982). Before a handicapped child can be expelled, it must first be determined whether the misbehavior was related to the disability.

It appears that few legal issues are unique to the behavior disordered; for the most part the important issues are similar across the categories of "mild-moderate" handicap (behavior disordered, learning disabled, educable mentally impaired). One exception to this generality may be related to exclusion of behavior disordered students for disciplinary reasons. The trend of court decisions (as well as Regulations for the Education of Exceptional Students) would appear to be that a special education student can be disciplined by exclusion from education unless it is found that the offending behavior is caused by the handicapping condition. However, this determination would often be difficult to make for students identified as behavior disordered. If such a determination were made, one can imagine that it would often be contradicted by the findings of independent evaluators.

Many of these cases seem to contradict one another. However, a summary of the main trends indicated by these cases would seem to be as follows. First, behavior disordered students may be suspended from school for a brief period, probably not exceeding ten days. If the student is suspended, the district may need to provide some type of alternative educational program in the period of suspension. Second, a suspension in excess of ten days, either on one occasion or in total, may constitute a program change requiring the special education placement team to re-examine the IEP. An alternative educational program must be provided in such a case. Expulsion is allowed, if at all, only following extraordinary procedural due process. A determination by a specialized, knowledgeable group of persons that the student's behavior is not symptomatic of the student's behavior disorder is required, but may not be sufficient. If it is determined that the student's discipline problem is caused by or symptomatic of his or her handicap, expulsion is definitely not lawful. The student should be placed in a more appropriate educational program. Further, homebound instruction on a long term basis is probably a violation of the student's right to an education in the least restrictive environment.

In-school suspension. A daytime suspension center in or adjacent to a school is becoming a popular alternative to suspension and expulsion. This development is clearly related to court cases involving exclusion of students from school, such as the one noted earlier. In-school suspension is presently more popular for older students; it is used with nonhandicapped as well as handicapped students.

There would appear to be some possible legal issues involved in in-school suspension, especially in its use with the handicapped. For example, is in-school suspension a least restrictive environment? Are the personnel involved sufficiently trained to provide appropriate education? Is extensive disciplinary use of in-school suspension a program change in the sense of calling for an IEP conference? However, these and related issues do not appear to have been addressed in court cases yet.

Corporal Punishment

The courts generally define punishment in terms of its everyday meanings (a physical act intended to inflict discomfort or pain), rather its effectiveness in changing behavior. Note that in behavior modification theory, punishment refers to a reduction in the likelihood that an act will be repeated. Thus, psychological and legal definitions of punishment do not generally coincide.

In Morales v. Turman (1973) slaps were allowed in extreme circumstances. However, most rulings have held that corporal punishment with handicapped persons is forbidden (Davis v. Watkins, 1974; Horacek v. Exon, 1975; New York State Association for Retarded Children v. Carey, 1975; Wyatt v. Stickney, 1972). Thus, most rulings have forbidden corporal punishment in an institutional context, except with very restricted exceptions. However, schools have the right to use corporal punishment (Ingraham v. Wright; the case involved a nonhandicapped student). The corporal punishment must be reasonable and prudent, but special due process safeguards are not needed. As noted earlier, corporal punishment appears to be utilized with some behavior disordered students in most schools in which the students are served. Clearly, this is an area in which programs should develop a policy consistent with legislation, litigation, professional opinion, and other considerations. Professional and citizen opinion is quite divided on the appropriateness of corporal punishment in schools, of course. However, a considered and negotiated policy can give consistency to staff action.

Seclusion

Courts have not consistently differentiated between seclusion, as used in educational treatment or discipline, from solitary-confinement types of seclusion used with prisoners. Thus, it is not perfectly clear from court cases whether interventions such as "timeout from reinforcement" or "antiseptic bouncing" are fully acceptable. However, some courts have differentiated between the several types of timeout and solitary confinement.

In *Morales v. Turman* (1973), seclusion was sanctioned only when it might prevent immediate physical harm to others or to the student, or prevent behavior that substantially disrupts routine. A maximum limit for seclusion in a locked room has been forbidden (e.g., *Horacek v. Exon*, 1975; *New York Association for Retarded Citizens v. Carey*, 1975). In *Wyatt v. Stickney* (1972), the court ruled that the individual had the right to be free from seculsion in a locked room and legitimate timeout from reinforcement procedures which could be used under the supervision of professionals in a behavioral treatment program. The *Morales* court ruled that seclusion for disciplinary reasons was sufficiently severe deprivation of liberty to require due process procedures, but that timeout for short periods did not warrant full due process procedures.

As with corporal punishment, then, cases have tended to involve handicapped persons in institutions, where public scrutiny is minimal. In these cases extended (1 hour +), especially *locked*, seclusion has been forbidden, or due process has been required. Brief seclusion, such as in timeout from reinforcement, was not forbidden and did not require due process. Again, the development of a policy on brief seclusion is probably a wise course.

Evaluation and Assessment

Schools usually have standard referral processes used when a teacher's observations or a formal screening procedure identifies a child as needing evaluation or probable assistance. PL 94-142 adds two other situations for evaluation: (a) when environmental or social conditions warrant evaluation, and (b) when a parent requests evaluation.

In two recent cases, P-1 v. Shedd (3 EHLR 551: 164 [D. Conn. 1979] and Mattie T. v. Holladay (3 EHLR 551: 109 [D. Miss. 1979]), student misbehavior serious enough to call for expulsion was a situation considered to require formal special education evaluation. In two other cases, Howard S. v. Friendswood (454 F. Supp. 634 [S.D. Tex. 1978]) and Stuart v. Nappi (443 F. Supp. 1235 [D. Conn. 1978]), the courts indicated that persistent truancy from a supposedly appropriate special education program warranted evaluation of the IEP. In the first situation, evaluation for speical education placement must be initiated under some circumstances even in the absence of teacher referral or screening results indicating special education may be needed. In the second situation, evaluation for a change in special education placement must be triggered by certain circumstances (clear evidence that the present placement is not providing appropriate education).

Another evaluation related issue arises when a parent requests independent evaluation of a student suspected of or identified as behavior disordered. This has not been clearly addressed by court cases. However, it is potentially a very problematic area for education of the behavior disordered. For example, if a psychological or psychiatric clinician performs the independent evaluation, it is not unlikely that expensive, time-consuming psychotherapy would be recommended as a necessary part of treatment. The issue of when psychotherapy is a related service responsibility of the schools is an important one for education of the behavior disordered.

9. Autism and Severe Behavior Disorders

An interesting and controversial issue is the nature of autism. In special education, one situation related to this controversy has been the definition and classification of autistic students for special education purposes. President Carter's Secretary of Education, Shirley Hufstedler, changed the federal definition of the "seriously emotionally disturbed" category (which corresponds to "behavior disordered" in the Regulations for the Education of Exceptional Students) so that it no longer includes autism. Autistic students thenceforth have been served under the federal category "Other health impaired," along with students with tuberculosis, sickle cell anemia, asthma, and other diverse health problems.

For definitional reasons, and because the educational handicaps of autistic students are usually so different from those of other behaviorally disordered students, information on these students is presented separately, in this section.

Assessment

The educational assessment procedure for autistic students follows the same logic as that for others.

Screening

The Rimland Diagnostic Checklist for Behavior Disturbed Children and Parents (Form E2; Rimland, 1964) is based on the original characteristics of autism as specified by Kanner (1943), plus items addressing key developmental milestones. This is a conservative instrument in tha it appears to identify as autistic only about 10 percent of severely disturbed children (other estimates put the actual proporation at about 50 percent).

The Autism Screening Instrument for Educational Planning (ASIEP; Krug, Arick & Almond, 1982) is a group of five instruments that can be used together or separately. Its components are a 57-item diagnostic checklist; a language sample; a social interaction assessment procedure, and educational assessment procedure, and an assessment of learning ability. Normative data from autistic and nonautistic severely retarded children are provided in the manual, which also gives directions for administration and scoring. The ASIEP serves other functions in the educational assessment process in addition to screening.

The *Childhood Autism Rating Scale*, (CARS; Schopler, Reichler, DeVellis, & Daly, 1980) is a fifteen-item scale of the *actual functioning in an artificial situation* type (see section on Assessment under *Placement*). The child's rating on this scale helps discriminate whether he or she is "not autistic," "mildly-moderately autistic," or severely autistic."

Specification of Developmental Functioning

Scales are available to establish the student's level of functioning in various developmental areas. This is a step toward educational planning. For instance, the *AAMD Adaptive Behavior Scales* and other adaptive behavior instruments originally designed to assess the mentally retarded are also used with the autistic. The *Behavior Evaluation Scale* (Kosloff, 1973) also assesses developmental level in a variety of functioning areas: learning readiness; looking, listening, and moving; motor imitation; verbal imitation; functional speech; chores and self-help; and problems behaviors.

Some view this developmental specification as crucial for appropriate services. Certainly most autistic students are seriously delayed in key developmental areas. However, some intervention experts and programs skip this step and go directly to assessment for intervention planning and monitoring, as described below.

Educational Planning Assessment

The Psychoeducational Profile (PEP; Schopler & Reichler, 1979) is a collection of activities presented to the child, whose performance is evaluated to indicate relative strengths and weaknesses in the developmental areas of imitation, perception, gross and fine motor, eye-hand integration, cognitive-performance, cognitive-verbal, self-help, social relating, interest and play, sensory problem modes, and language. For older students the PEP also examines vocational-related behaviors, motor and self-help skills related to working, and leisure activities. Results on the PEP are derived from examiner judgements based largely on tasks given to the student. Developmental strengths and weaknesses along with maladaptive behavior patterns are used in developing the child's educational experiences. PEP results form the basis for formulating teaching goals and strategies.

Additionally, the ASIEP is an assessment procedure developed for use with the autistic. Described earlier under screening instruments, it is also suited for educational planning assessment. Other educational planning assessment procedures in use were developed primarily to serve severely retarded persons. For instance, the Adaptive Behavior Curriculum (Popovich & Laham, 1981) was developed within a school district to assess developmental and functional strengths and weaknesses. It has thousands of behavioral skills placed in developmental sequences for assessment of the individual's functioning that leads directly to a specification of what skills need to be taught. These skills are broken down into major areas of development: self-help (feeding, dressing, hygiene), communication (attending, receptive, expressive), perceptual motor (gross motor, fine motor play, perceptual), and socialization.

Another approach to educational planning assessment is the "life-domains" assessment and intervention model (Brown et al., 1979; Donnellan, 1980). In this approach, the first step is to identify environments and skills for current or future participation by the autistic student. In general, these have been found to fall into the following domains: Domestic, Community, Leisure, Vocational, and Interactions with nonhandicapped persons. The next step is assessment in those environments. Assessment involves taking inventory of the skills used by a nonhandicapped student or other person to function well in that environment, as well as the skills currently possessed by the autistic student to be educated. The discrepancy between these two assessments reveals skills in need of instruction. The life-domains model also emphasizes instruction within the environments in which interaction with the nonhandicapped will take place.

Service Delivery

Education and related services to autistic students vary greatly, depending on key variables such as teacher skills, site(s) of service, degree and kind of parent involvement, access to community settings for learning, philosophy of the program, and other considerations. A clear direction in services is a reliance on behavior modification practices to some appreciable extent. Thus, a general description of a behavior modification approach will be put forward. This is followed by a description of how this approach is utilized to obtain some degree of regular education integration for the autistic student. Next, special class and special school models will be described. Finally, a brief description of eight recent federally-funded model programs for autistic children and adolescents is appended.

Behavior Modification of Autism

The behavior modification approach is very much concerned with modifying current environmental conditions in order to *decrease or eliminate excessive behavior disorders* (e.g., stereotypies, self-injurious behavior--SIB) and to *create or increase deficient behaviors* (useful language, self-help skills, social interaction, academic and other adaptive behaviors). These objectives are pursued through teaching techniques based on operant conditioning. Given proper training, these techniques can be skillfully used by special education teachers and parents. In this way, therapy can be provided for more time, in natural settings (school, home), by important adults who will continue to be involved with the child.

Decreasing excessive behavior. Meaningful teaching and learning are virtually impossible when the child is exhibiting SIB, stereotypies, or tantrums. Decreasing these excesses is a first order of business in teaching the autistic student. To do so, the teacher uses extinction, punishment, and other reduction procedures, and teaches behaviors that permit the child to receive appropriate social reinforcement.

To use extinction, the teacher avoids giving attention to the excessive behaviors and tries to prevent others from doing so. Extinction is necessary because research show that SIB, stereotypies, and tantrums are often maintained by various forms of social attention (e.g., sympathy, touching and holding, commands to cease).

However, extinction will rarely be enough; other behavior-reduction procedures are usually needed in addition. These include behavior-punishment procedures such as timeout from reinforcement, response cost, and aversive presentation procedures. Additionally, there are "positive" approaches to behavior reduction as briefly described in Table 13. In many cases, tantrums, and some SIB can be reduced by timeout from reinforcement (brief social isolation contingent upon the behavior). Dangerous SIB or persistent excessive behaviors of various kinds can be dramatically reduced through overcorrections procedures, a collection of techniques that combine punishment of the excessive behavior along with repeated practice of alternative, functional behaviors (Foxx & Azrin, 1973).

Table 13: A Partial List of Alternatives To The Use of Punishment And Their Definitions

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1. Differential Reinforcement of Competing Behavior
   The reinforcement of those behaviors which are incompatible with the undesired response in intensity, duration or topography.

2. Differential Reinforcement of Low Rates of Responding (DRL)
   The reinforcement of the undesired response only if at least a specified period of time has elapsed since the last reponse, or only if fewer than a specified number of the undesired responses occurred during a preceding interval of time.

3. Differential Reinforcement of Other Behavior (DRO)
   Reinforcement after a specified period of no undesired responding.

4. Stimulus Control
   Establishing the discriminative control of an undesired behavior, either through differential reinforcement or fading.

5. Stimulus Change
   The noncontingent and sudden addition of a novel stimulus or an alteration of the incidental stimulus conditions.

6. Instructional Control
   The differential reinforcement of those responses which are in compliance with the verbal instruction presented.

7. Shaping
   The gradual modification of some property of responses (usually, but not necessarily, topography) by the differential reinforcement of successive approximations to some criterion.

8. Stimulus Satiation
   The continued noncontingent presentation or availability of a reinforcer that reduces the reinforcer's effectiveness.

9. Additive Procedures
   The combination of two or more procedures in order to reduce or eliminate an undesired behavior.

10. Programming
    An instructional sequence designed to help the subject reach certain behavior objectives based on a behavior analysis and involving the systematic manipulation of stimulus conditions, consequences, instructional stimuli, and other variables that have a funtional relationship with the behavior.

Source: LaVigna, 1980.

Increasing deficient behaviors. Behavior modification for creating appropriate behaviors in autistic students involves three main aspects: Deciding what behaviors to increase, prompting a behavior to occur, and reinforcing the behavior. Deciding is often complicated by the fact that such children possess few or no behaviors that resemble the desired goal behavior. One goal may be to have a child correctly identify the shape of any object when asked. If the child currently only makes a few sounds and no words, teaching her how to say shape words will have to wait until she is taught some key prerequisites.

Skillfully using prompts for correct behavior is an indispensible aspect of teaching autistic children. One reason is that even if they can perform a behavior, they may not do so in response to the appropriate situation. Continuing with the earlier shape identification example, when the child is shown a circle and is asked, "What shape is this?" the desired response is "round." However, early in training she may have to be prompted with a verbal model of proper response, as in the following sequence:

(teacher): "What shape is this?" (pause) "Round" (loud).
(child): "Round."
(teacher): "Right" (gives edible reward).

As training proceeds successfully, the teacher says"round" more and more softly (fades the prompt) until the child can correctly respond without the verbal model. Instructions, verbal models, action models, pointing, and physical assistance are some of the forms of prompting used in teaching skills to autistic youngsters.

Finally, appropriate behaviors must be reinforced. The teacher has to recognize when a response is correct (or is a reinforceable "approximation" to the eventual desired behavior) and provide a reinforcer. The reinforcer is commonly a small edible or drinkable treat along with the teacher's approval--both delivered immediately after each correct behavior. Later in training, edibles may be given less frequently. Other rewards, if effective, can also be used. Just as important, incorrect responses must not be reinforced.

What appropriate behaviors are increased? Behavior modification programs have concentrated on building language skills (Lovaas, 1977), social skills such as reciprocation of greetings and initiation of an interaction, self-help skills, leisure time usage, and various educational and vocational competencies (Egel, Koegel, & Schreibman, 1980).

Program for generalization. One major frustration for teachers of autistic students arises when skills obtained after long hours of careful training are not performed in the presence of others or even the teacher's presence in a different setting. These and other kinds of generalization failure call for special teaching practices. Carr (1980) has described these in some detail. Briefly, they include the following key teaching strategies. (a) Program stimuli in common between the training setting and the generalization environment. Identify key features that might impede generalization, then make certain that those features are present during training. (b) Train in multiple settings and contexts. Successful teaching procedures should be introduced in full or in part to other settings. (c) Make other people trainers. Key others, such as parents, other family members, other teachers in a school, and so forth, should be taught to use the successful teaching procedures. (d) Select functional skills and behaviors to teach insofar as possible. Select verbal responses, for instance, that persons not involved in training are likely to respond to; then, these others will serve as unwitting generalization trainers.

Regular classroom integration. Russo and Koegel (1977) carefully studied the feasibility of integrating an autistic student into a regular education classroom. An autistic five-year-old girl was taught to improve her social behavior, reduce self-stimulation, and respond to verbal instructions appropriately. This teaching was initially conducted by a therapist who sat beside the girl in a regular kindergarten. However, the kindergarten teacher was then taught to maintain and extend the girl's improved functioning. The girl graduated to first grade. When first there, she "relapsed", but a second treatment period similar to that in kindergarten improved the girl's behavior and enabled the first grade teacher to control her behavior and learning.

Special class placement. The Treatment and Education of Autistic and Related Communication Handicapped Children program (TEACHH) utilizes therapists, special educators, and parents as teachers of psychotic children. It is an organization of regional centers located in and supported by North Carolina. Each center is associated with special education classrooms in local public schools. Upon referral to a center, the autistic or other severely handicapped child is assessed to determine his or her learning needs. Educational goals and strategies are developed, parents are taught how to provide education at home, and the child may be assigned to a TEACHH-style special classroom near home.

To obtain information necessary to create educational goals and strategies, the child is assessed through the use of parent interactions, intelligence testing, and administration of the PEP (described earlier). Using assessment findings, the therapist and parents cooperatively develop realistic short-term goals and teaching strategies. Important considerations in this effort include the child's safety needs, the parents' dsires for smoother family and household functioning, and relevance for improved performance at school. Realistic goals must be selected and translated into specific behavior objectives to which daily teaching strategies can be directed. The therapist teaches parents to teach their child by applying the procedures while the parents watch. Educational procedures in TEACCH are mainly structured situations, prompts (e.g., physical assistance, verbal and action models, instruction), and consequences (reinforcement and punishment). Parents practice the procedures and receive therapist feedback, keep logs of home educational progress, and get consultation sessions regularly.

Special education classrooms have six to eight children, with a teacher and aide skilled in TEACCH procedures. TEACCH therapists remain available for consultation. Educational goals chosen by the parents and therapist also guide the special education teacher's efforts. Sometimes learning objectives for home and school overlap; usually there are differences in emphasis (e.g., at school, more language and group adaptation skills; at home, more self-help instruction). Parents and teachers collaborate through frequent communication, visitation, and observation of each other's training techniques. For additional information, see Lansing and Schopler (1978), Mesibov, Schopler, and Sloan (1983), Schopler and Reichler (1979), and Schopler, Reichler, and Lansing (1980).

Douglass Developmental Disabilities Center. In this special day school, excessive behaviors are decreased while basic and advanced appropriate behaviors are increased. Simultaneously, parents learn to use behavior-modification techniques at home, formulate goals and teaching plans for various learning needs of their children, and use the Center staff and parent groups to help with specific home objectives as well as more general concerns such as their children's future. As students progress sufficiently, they are phased into public school special and regular education programs.

About thirty autistic and other psychotic children at various levels of development are served at one time by paraprofessional tutors working under the supervision of highly trained special education teachers and psychologists. Tutors permit these children to receive intensive, one-to-one instruction.

There is also small group instruction. Instruction sessions focus on an individualized set of goals for each student, based on assessment of behavior and learning problems and progress.

There are four levels of pupil functioning: entry, intermediate, transition, and adolescent. Entry-level instruction for developmentally younger pupils is designed to reduce stereotypies, tantrums, and other bizarre and troublesome behaviors, to establish fundamental language skills, and to teach attention, imitation, simple play, and self-help skills. Intermediate-level instruction involves small-group as well as individual teaching. Its goals are to teach more complex language, social, fine motor, and learning skills. Transition-level instruction occurs in a setting similar to some special education classes. One teacher and one tutor work with six or seven pupils with individual seat work and group activities. Basic academic skills and language are strongly emphasized. The children learn sharing, following rules, and other activities and expectations common to special and regular classrooms. Children who make enough progress at the transition level may be transferred to public school special or regular classes. In this case, the day-school staff actively prepares the pupil and those at the new school to make this successful. The receiving teacher is trained in techniques proven successful at the day school, and extensive visitation and follow-up consultation is provided.

Children are expected to receive instruction at each of these levels for at least one year. By about age 10, those whose learning progress is still so limited that placement in public special education is out of the question can enter the adolescent-level program of the day school. Here training is provided in academic, vocational, and independent-living skills.

Parents are required to participate in the program. They attend evening training sessions in behavior modification, observe their children being taught at school, and carry out supervised behavior therapy at home. After they complete this phase, there are monthly parent meetings and home visitations by Douglass staff. At meetings, parents consider specific problems and more general concerns such as the eventual adjustment of their psychotic youngster. For further information, see Handleman (1979a, 1979b, 1981), Sosne, Handleman & Harris (1979).

10. A Last Word

It may be worthwhile for the concept of teacher competencies to be addressed with reference to services to the behavior disordered student. This is related to evaluation in a way, because the exercise focus attention on some key issues in teacher training, LEA and school-level capabilities for supporting teachers, and so on. A listing of some competencies is appended; it is adapted from those utilized in the TASED teacher preparation program at Northern Illinois University. Other persons or groups would express other preferred competencies or say things in a different way, which is appropriate. However, the process of considering the areas and specific competencies can be very useful.

Competencies for Teachers of
Mildly-to-Moderately Behaviorally Disordered Students

1. Assessment

____ 1.1 Select, administer, score, and evaluate standardized individual and group instruments for measuring pupils' learning potential, academic performance, and social-emotional functioning.

____ 1.2 Select, create, administer, score, and evaluate informal procedures for measuring pupils' learning potential, academic and other skills performance, and social-emotional performance (e.g., behavior checklists, developmental scales, sociometrics, and anecdotal records).

____ 1.3 Use ecological observation techniques to assess student-student and student-adult interactions, and to assess the influence of environmental settings on such interactions.

_____ 1.4 Use direct observation procedures to measure pupils' academic and other skills, and social-emotional performance.

_____ 1.5 Use assessment data to identify and select problems with learning and social-emotional functioning that warrant treatment.

_____ 1.6. Use assessment data to write long-term goals and short-term instructional objectives suitable for use with Individualized Education Programs (IEPs).

_____ 1.7 Use assessment data to place students in appropriate instructional programs.

_____ 1.8 Design and implement a measurement system to frequently monitor pupil functioning and progress toward instructional goals and objectives.

2. Behavior Management

_____ 2.1 Establish and maintain a structured learning environment through appropriate organization of time, space arrangements, material organization, use of paraprofessionals and other helpers, and other environmental resources and factors.

_____ 2.2 Use rules, instructions, preventive discipline and other antecedent environmental stimuli to bring about significant changes in student functioning.

_____ 2.3 Use social, tangible, token, activity, and other contingency consequent environmental stimuli to management practices to bring about significant changes in student functioning.

_____ 2.4 Develop and implement a program to enhance generalization and maintenance of behavior improvements beyond the setting in which they were learned.

_____ 2.5 Evaluate the effects of a behavior management program on the function.

3. Instructional Programs

_____ 3.1 Adapt and conduct task analyses to identify the sub skills necessary for pupils to attain learning academic, vocational, and other required education skills and objectives.

_____ 3.2 Write reasonable and relevant lesson plans for instruction skills and objectives.

_____ 3.3 Identify, analyze, modify as necessary, or create curriculum materials to teach basic academics, including reading, arithmetic, and oral and written language, to behaviorally disordered student.

_____ 3.4 Identify, analyze, modify as necessary, or create curriculum materials to teach career-vocational, and social skills to behaviorally disordered pupils.

_____ 3.5 Preset curriculum materials to an individual behavior disordered pupil or group of behaviorally disordered pupils skillfully and effectively.

_____ 3.6 Evaluate the effects of instructional materials and practices on the performance of behavior disordered pupils receiving instruction.

4. Interaction with Parents

_____ 4.1 Develop and maintain open lines of communication (e.g., written letter, telephone, personal meeting) with parents.

_____ 4.2 Assure that parents are encouraged and helped to become an active part of planning and delivering education for the behavior disordered student.

_____ 4.3 Develop and implement a home report card, contingency contracting or other system to communicate to parents on the performance about their young person and involve them in intervention.

_____ 4.4 Evaluate the quality, effectiveness, and social validity of interaction with parents.

5. Interaction with other Professionals

_____ 5.1 Develop and maintain orderliness of communication with fellow teachers, administrators, and other professional colleagues.

_____ 5.2 As appropriate assist other teachers and professionals in designing, implementing, and evluating an intervention program with a pupil.

_____ 5.3 Participate in and conduct in-service training sessions for teachers and/or other professionals on how to improve the academic and social performance of behavior disordered pupils.

_____ 5.4 Be an active member of the special education team by contributing to and leading pupil case conferences and IEP meetings.

_____ 5.5 Provide professional, constructive feedback to colleagues, and accept feedback from a colleague professionally.

6. Administrative

_____ 6.1 Demonstrate knowledge of current federal, state, and local regulations that govern special education for behaviorally disordered students.

_____ 6.2 Know how to establish and maintain a system to refer and screen potential students for services.

_____ 6.3 Know how to establish and maintain an effective record-keeping system to monitor student progress within an IEP.

_____ 6.4 Know how to establish and maintain effective service delivery systems in elementary ans secondary educational settings including a resource-consultant program for regular and special teachers, a resource room, a special self-contained class, and a special vocational program.

_____ 6.5 Locate school system, community, state, and national resources necessary to help in the effort to education behaviorally disordered pupils.

7. Knowledge Competencies

_____ 7.1 Describe the historical development of educational and other programs for behaviorally disordered students.

_____ 7.2 Describe the basic definitions of behaviorally disordered and know implications of their use with middle and high school students.

_____ 7.3 Describe characteristics of SED relative to problems of environmental conflict, personal disturbance, and learning disorders.

_____ 7.4 Describe the current etiological theories of behavior disorders.

_____ 7.5 Describe the major educational techniques and programs currently used at the preschool, elementary, and (especially) secondary school levels.

8. Personal/Professional Characteristics

_____ 8.1 Model appropriate personal characteristics achievement skills for pupils and colleagues, including ethical practices, fairness, sensitivity, empathy, persistence, and other crucial human values in teaching pupils.

_____ 8.2 Express humor, joy, and enthusiasm under appropriate circumstances.

_____ 8.3 Be able to remain calm and objective in crisis or stressful situations.

_____ 8.4 Arrive at and be able to articulate an educational philosophy and demonstrate its application.

_____ 8.5 Regularly self-evaluate personal and professional characteristics, and take corrective action if needed.

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APPENDICES

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Adams (1980)	(146)	12-18	?	Residential	Official BD	CD/SD, acting out	Psychotherapy
Aitchison, & Green (1974)	(51)	13-19	38/13	State hospital	Unofficial	SM/Lack of parental and further evaluation	Token reinforcement
Alevizos (1975)	(4)	4, 5, 7, 14	2/2	Experimental classroom	Unofficial	CD/Inappropriate and disruptive behavior	Time-out, verbal explanation
Alexander & Apple (1976)	(5)	7-13	5/0	BD classroom	Official BD	AD/Problem in attending and study behaviors	Token reinforcement: Variable interval
Alexander, Corbett & Smigel (1976)	(7) (8)	adolescent adolescent	7/0 0/8	Public school Residential facility	Unofficial	SM, Cd/Truancy, runaway, assault, larceny	Token reinforcement response cost
Altschuler & Armstrong (1983)	?	?	?	?	?	SM/Serious violent juvenile offenders	4 models
Alwon (1979)	(51)	latency	?	Residential school	Official BD	All/Acting out, hyperactivity, pre-delinquent, withdrawn, etc.	Eclectic curriculum--clubs after school
Anderson (1981)	(10)	school age	10/0	Clinic, environment	Unofficial	SM/Steals	Individualized combined treatments, internal and external environments altered, replace reinforcement
Anderson & Marrone (1979)	(12)	?	?	Montgomery County Project	Official BD		Group therapy
Argulewicz (1982)	(72)	8-11	?	?	Unofficial, but LD	AD/Attention deficit	Direct instruction modeling
Awad (1981)					Official BD	AI/Antisocial behavior	Psychotherapy
Awad (1981)		adolescents	?/?	?		AI/Antisocial	Psychotherapy
Baker & Wills (1978)	(99)	8-14	58/41	Child guidance clinic	Unofficial	L-A/School phobia	Psychotherapy, pressurization, home tuition and part-time schooling

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Bellafiore & Salend (1983)	(3)	5-7	3/0	Classroom	Official BD	CD/Talking out	Peer confrontation
Bien & Bry (1980)	(40)	12-15	?	Special classrooms	Unofficial	CD/Low grades and attendance, discipline problems	Teacher conference, group meeting
Birkimer & Brown (1979)	(5)	9-10	4/1	Classroom	Unofficial	CD/Disruptive	Posted rules, point system, self-rating
Blom & Zimmerman (1981)	(1)	11	0/1	Camp	Unofficial	SI/Neg. conversation skills	Reinforcement
Booth & Fairbank (1983)	(1)	9	1/0	Elementary BD class	Official BD	AD/Off task	Videotape feedback. He watches tape of self and charts behaviors
Bornstein, Hamilton, & Quevillon (1977)	(1)	9	1/0	Regular 3rd grade classroom	Unofficial	AD/Out-of-seat	Positive practice and DRO. Subject and teacher counted his out-of-seat behaviors.
Bowers (1980)	?	?	?	Classroom	Unofficial	AD/Hyperactive	Reduced stimulation structure
Braaten (1979)					Official BD	AI/Low self-concept, age appropriate behaviors	Counseling, point system, contracts, reinforcement, time-out
Brewer & Lackey (1977)	?	?	?	Residential school	Official BD	SI/Need for behavior and change	Organized activities (token economy, art, free play, self-evaluation, intra-school listening act., reality therapy, values clarification
Brown, Frankl, Birkimer, & Gamboa (1976)	(25)	9	?	Elementary classroom	Unofficial		Behavior checklist for assessment, timeout, ignore inappropriate behavior

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Burka & Jones (1979)	(30)	10-13	?	Special ed. classrooms	Unofficial	?/Disruptive behavior	Classroom management training program
Butler, Doster, & Lahey (1977)	(1)	6	0/1	School and home	Unofficial	SI/Withdrawn, little verbal interaction	Prompts and social reinforcement
Butler, Miezitis, & Cole (1980)	(56)	5th & 6th grades	35/21	School	Unofficial	SI/Depressive	Role play, cog., restructuring, placebo and control
Calhoun & Elliott (1977)	(100)	?	?	Special class	Official BD	CD/?	Special education vs. regular class
Calhoun & Lima (1977)	(10)	19	0/1	Training center	Unofficial, but retarded	CD/Physical aggression	Time-out
Calhoun & Matherine (1975)	(1)	7	0/1	Training school/day care	Unofficial, but retarded	CD/Aggression	Time-out
Calpin & Cinciripini (1980)	(2)	10-11	1/1	?	Official BD	SI/Noncompliance, no eye contact, no affect talk, no praise statements	Social skills training: instruct, model, video feedback, rehearsal
Caraffa, Truckey, & Golden (1976)	(89)	14-19	89/0	?	Unofficial	CD/Aggression	Group and individual counseling
Caraffa, Truckey, & Golden (1976)	(1)	6	1/0	Classroom/to area	Unofficial	CD/Physical aggression	Time out, verbal explanation
Cipani & Mclaughlin (1983)	(1)	14	0/1	Residential home	Official BD	L-A/Low math performance	Locate and correct missed problems
Cipani, Hayes & Swope (1981)	(3)	12-17	?	Residential treatment center	Official BD	L-A/Low math performance	Reinf., feedback, and instructional techniques for responding to 5 questions
Clark, Boyd, & Macrae (1975)	(6)	14-16	4/2	School/special class	Official BD(MR)	SM/Delinquent	Reinforcement, repeated training

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Darch & Thrope (1977)	(10)	9-11	10/0	Social studies class	Unofficial	AD/Most deviant students in disruptive class	Group and individual Class divided into teams--one with most parts = stand in front of principal and engage in conversation. Indiv. consequences for indiv. behaviors.
Dattilio (1981)	?	13-18	?	?	Official BD	SM/Runaway, truancy, incorrigability, theft, assault	Carkhuff Systematic Human Relations Training Model: Counseling, exploration, respect, concreteness, genuiness, confrontation, immediacy
Davidson, & Robinson (1975)	(125)	14-17	?	Classroom	Unofficial	SM/Juvenile delinquency	Kentfield Program: Group points for behavior
Davis (1979)	(1)	11	1/0	Special education room	Official BD	CD/Fighting, inappropriate response	Modeling
Day, Fox, Shores, Lindeman, & Stowitschek (1983)	none	--	--	--	Unofficial	SI/Social withdrawal	SCIP (social competence intervention project)
DeMagistris & Imber (1980)	(8)	12-15	8/0	Self-contained BD	Official BD	?/Behavior that interferes with academic achievement	Life space interview
Dennison, & Prevet (1980)	(1)	college	?	Classroom	Unofficial	SM/Dangerous & disruptive	Alcohol affective education: lectures and activities
Devine & Tomlinson (1976)	(130)	3-4 grade	?	Regular classroom	Unofficial	AD/	Free time contingent on attending behavior of entire class
Dickson (1976)	(60)	96-150 months	?	Regular classroom	Official BD	?	Tokens, praise--in different settings.

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Clements & Tracy (1977)	(10)	9-11	10/0	ED classroom	Official BD	AD/Not attending to task and inaccurate work	Tactical and verbal reinforcement for on task behavior
Cobrink (1972)	(1)	13	1/0	Hospital	Unofficial	SI/Withdrawn, deviant little interest in environment, passive	Edison responsive environment
Cole & Hartley (1978)	(36)	91 months	15/21	Public School	Unofficial	AD/Impulsive	Strategy training vs. training and reinforcement. Kids were told to "slow down" and rewarded if they did so.
Coon, Escandell, Coon, & Green (1976)	(5)	6-11	4/1	ED classroom	Official BD	SI/	Token reinforcement
Contessa & Paccione-Dyszlewski, (1981)	(7)	16-18	?	Outside school Small classroom	Official BD	SM/School phobic	Group counseling: desensitization, discuss school progress, thoughts, feelings
Cown, Jones, & Bellack (1979)	(125)	9	?	Regular classroom	Unofficial	AD/Out-of-seat, talking to neighbor, off task	Stop watch was stopped when disruptive behavior began and started when it stopped. Good time on stop watch equals free time.
Csapo (1983)	(6)	8	3/3	Classroom	Unofficial	SI/Low rank on sociometric scale	Social learning training with reinforcement
Csapo (1983)	(6)	3rd grade	3/3	?	Unofficial	SI/Rejected by peers	Social learning training and individual and group reinforcement
Dalton & Wibur (1979)	(5)	12-14	5/0	?	Official BD	CD/Inapp. classroom behavior (out-seat, aggressive, off-task verbal)	Relaxation and biofeedback

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Darch & Thrope (1977)	(10)	9-11	10/0	Social studies class	Unofficial	AD/Most deviant students in disruptive class	Group and individual Class divided into teams--one with most parts = stand in front of principal and engage in conversation. Indiv. consequences for indiv. behaviors.
Dattilio (1981)	?	13-18	?	?	Official BD	SM/Runaway, truancy, incorrigability, theft, assault	Carkhuff Systematic Human Relations Training Model: Counseling, exploration, respect, concreteness, genuiness, confrontation, immediacy
Davidson, & Robinson (1975)	(125)	14-17	?	Classroom	Unofficial	SM/Juvenile delinquency	Kentfield Program: Group points for behavior
Davis (1979)	(1)	11	1/0	Special education room	Official BD	CD/Fighting, inappropriate response	Modeling
Day, Fox, Shores, Lindeman, & Stowitschek (1983)	none	--	--	--	Unofficial	SI/Social withdrawal	SCIP (social competence intervention project)
DeMagistris & Imber (1980)	(8)	12-15	8/0	Self-contained BD	Official BD	?/Behavior that interferes with academic achievement	Life space interview
Dennison, & Prevet (1980)	(1)	college	?	Classroom	Unofficial	SM/Dangerous & disruptive	Alcohol affective education: lectures and activities
Devine & Tomlinson (1976)	(130)	3-4 grade	?	Regular classroom	Unofficial	AD/	Free time contingent on attending behavior of entire class
Dickson (1976)	(60)	96-150 months	?	Regular classroom	Official BD	?	Tokens, praise--in different settings

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Donier, Lewis, Kersey, & Chaiping (1978)	(16)	12-16	?	Child psych clinic	Official BD	AI/Law self-esteem	Sports group, verbal psychotherapy communication encouraged
Dougherty & Dougherty (1977)	(15)	8-11	?	Classroom	Unofficial	L-A/Lack of homework completion	Daily repart card
Drew, Evans, Boston, Gieger, & Drash (1982)	(2)	8-9	2/0	Classroom	Unofficial	L-A/Difficulty in completing assigned work	Daily report card, verbal praise, loss or gain of recess
Duncan (1974)	(2)	15	2/0	Detention home	Unofficial	CD/Verbal behavior	Graphing and praise
DuPlessis & Lochner (1981)	(4)	12	1/0	Vista Nova school	Official BD	SI/Adjustment-peer group	Group therapy-concrete ability
Edwards (1980)	?	?	?	Mainstreamed classroom	Official BD	?/Deviant behavior in classroom	Feedback, reinforcement modified curricular approach
Egeland (1974)	(72)	6-8	40/32	Inner city school	Unofficial	AD/Impulsive	Some taught search strategies, some delayed responding
Elias (1979)	(109)	7-15	10/0	Residential center for ED	Official BD	SI/Lack of emotional control and social behavior	Videotape of coping skills, group discussion apply, skills therapy and transfer program
Elitzer & Bauch (1976)	?	adolescent	?	Child shelter	Official BD	CD/SD-acting out, antisocial acts	Relaxation therapy
Eller, & Stone (1979)	(1)	14	1/0	?	Unofficial	SM/Truancy & low grades	Contracting, points exchanged tangibles
Epstein, Repp, & Cullinan (1978)	(6)	6-9	4/2	Classroom	Official BD	CD/Bin. excesses and deficits (swearing)	DRL, point system
Fairchild (1976)	(2)	5 & 7	?	Classroom	Unofficial	AD/Out of seat, not attending	Home/School token economy system

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Filipczak, Archer, & Freidman (1980)	none	--	--	In school	Official BD or Unofficial	SI/Need to improve social skills	PREP (Preparation through Responsive Educational Programs)
Filipczak, & Wodorski (1979)	0	?	?	Public Schools	Unofficial	SM/Truancy, police contact	PREP Program: Academic training, social skills training, parent involvement, reinforcement
Fleet, Holmes, & Gordon (1980)	(8)	adolescent	?	Psychiatric institute	Official BD	?	Modified fishbowl psychotherapy
Fleischman (1981)	(36)	3-?	?	Family clinic	Official BD	CD/	Therapy, treatment by parents
Fisher (1978)	(1)	11	1/0	Salvation Army Facility	Unofficial	CD/Swearing	Washed windows
Fo & O'Donnel (1975)	(264)	10-17	?	?	Official BD	SM/Delinquent offenses	Buddy system
Franco, Christoff, Crimmins & Kelly (1983)	(1)	14	1/0	Not stated	Unofficial	SI/Withdrawn, minimal conversation skills	Goal-objective-modeled skill: subject rehearsed skill
Gamble & Strain (1979)	(16)	7-11	?	Classroom	Official BD	SI/Excessive & long term inappropriate behavior, inattention, withdrawal, aggressive, immature	Tangible and edible reinforcers
Gettinger (1982)	(8)	7.9	4/4	Remedial reading classroom	Unofficial, but LD	AD/Impulsive, off task	Phonic taught via direct instruction
Glavin (1974)	(208)	2-6 grade	?	Resource room	Unofficial	CD/Hyperactive, aggressive	Token economy, behavior modification
Glavin, Quay, Annesley, & Werry (1971)	(27)	10	?	Resource room	Unofficial	CD, SI/Extremely disruptive or withdrawn	Classroom organization, reinforcement, time out
Glavin, Quay, & Werry (1971)	12	89-132 months	?	Self-contained special		CD/?	Reinforcement, time out

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Greenleaf (1982)	(43)	junior high	43/0	Special class	Unofficial	CD/Disruptive and aggressive	Watched video, identify steps, role-play corrective feedback, practice (structured learning)
Hamant & Dsowski (1976)	?	?	?	?	?	SM/Juvenile delinquents	"Scared Straight" model
Hansen, McLaughlin, Hunsaker, & Young (1981)	(1)	11	1/0	BD classroom	Official BD	AD/Out of seat, can't complete assignments	Reinforcement of low rates: 3 or less out of seats a day = bowling at end of week
Hobbs & Forehand (1975)	(12)	4-6.5	?	Lab school	Unofficial	CD/Non-compliant, disruptive	Time-out
Hobbs & Radka (1975)	(9)	13-17	9/0	Camp/State park	Official BD	SM, SI/Juvenile delinquency, withdrawal, rebelliousness	Reinforcement: social and tangible
Holt & Hobbs (1976)	(19)	13-16	19/0	State Training School	Unofficial	SM/Juvenile delinquents adjudicated	Token reinforcement: earn tokens for specific behaviors
Horne (1983)	(56)	?	56/0	Treatment center	Unofficial	CD/Aggression	Social learning theory
Hundert & Blatstone (1978)	(5)	9-10	5/0	Psychiatric facility/ Special Ed. Classroom	Official BD	SM/Inaccurate self-rating in classroom	Reinforcement: If self reporting is correct--reinforce
Hundert, Bucher, & Henderson (1976)	(5)	9-12	5/0	Classroom in psychiatric hospital	Unofficial	CD/Discipline problems and failing a grade	Point contingency system
Jackson & Calhoun (1971)	(1)	10	1/0	Training center	Unofficial, but retarded	CD/Disruptive	Time out
James & James (1980)	(54)	13-17	?	Correctional facility	Unofficial	SM/Juvenile delinquency	Coed living vs. pre coed living
Jesness (1975)	(983)	15-17	983/0	Institution	Official BD	SM/Juvenile delinquents	Transactional Analysis

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Karlin & Latham (1979)	(21)	8-12	21/0	Elementary school	Unofficial	CD/Appropriate & inappro verbal motor or both	Reinforcement: certificate, tangible rewards
Kelley, Salzburg, Levy, Warrenteltz, Adams, Crouse, & Beigle (1983)	(4)	15-17	?	?	Official BD	L-A/Low vocational skills	Verbal instruction and role play self-monitoring and generalization
Kendall & Braswell (1982)	(27)	8-12	?	Elementary classroom	Unofficial	AD/No self-control	Self-control therapy
Kendall & Wilcox (1980)	(33)	8-12	?	School reading room	Unofficial	AD/Impulsive, lack of self-control	Concrete self-instructional training and conceptual self-instructional training
Kent & O'Leary (1976)	(104)	?	?	Home and school	Unofficial	CD/	Behavior modification, school and home intervention, positive reinforcement, reduction of threats
Kent & O'Leary (1977)	(23)	7-9	?	School	Unofficial	CD/	?
Kerr & Strain (1982)	(4)	11	4/0	LD/BD room and playground	Official BD	CD/Negative and abusive peer interactions	Peer feedback--teacher mediated
Kifer, Lewis, & Green (1974)	(3)	13, 16, 17	2/1	Achievement Place Home	Official BD	?	Behavior rehearsal and social reinforcement
Klarreich (1981)	(60)	16-19	?	Probation sites	Unofficial	AI/Low self-concept, no problem solving skills	Group counseling vs. group training, behavioral modification
Klein (1975)	0	?	?	?	Unofficial	SM/Juvenile delinquency	Reinforcement
Kupietz, Camp & Weisman (1976)	(16)	92-129 months	14/2	Hospital	Official BD	CD/Aggressive behavior (impulsive, short attention span, acadimics)	Edible reinforcement
LaNunziata, Hill, & Krause (1981)	(4)	8-12	4/0	BD class	Official BD	AD/Off task	Social modeling, social reinforcement, and contracting

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Lebsock & Salzburg (1981)	(2)	14-15	1/1	Speech room or classroom	Unofficial	CD/Denial responses, talking back, verbal reaction	Role playing
Leger, Graff, Harris, Finfrock, & Weaver (1979)	(17)	11-17	?	ED classroom	Official BD	SI/Few communication skills	Package--instruct, model, prompt, behavior rehearsal, reinforcement and feedback
LeUnes & Siemsglusz (1977)	(1)	14	0/1	Mental health center	Official BD	SM/School phobia fears, reinforcement	Paraprofessional help, counseling
LeVine, Rittenhous, Smith, & Thompson (1981)	(8)	adolescent	?	Model classroom	Official BD	?	Therapeutic-reinforcement
Lobitz & Burns (1977)	(1)	9	?	Classroom	Unofficial	AD/Talk out, out-of-seat	Private and public feedback: tell student only, tell whole group.
Luiselli & Greenridge (1982)	(1)	12	0/1	Residential school	Unofficial	CD/Aggression	DRO and time out
Maglio & McLaughlin (1981)	(1)	14	0/1	8th grade classroom	Unofficial	CD/Yelling, temper tantrums, punching, out-of-seat, arguing with teacher, inattention, manipulative tactics	Tokens and teacher attention
Maher (1981)	(16)	10-12 grade	10/6	Counselor's office	Unofficial	CD/Truancy, tardiness, refusal to do work, verbal & physical abuse	Pupil goal setting process, eight set goals and eight did not
Maloney, Harper, Brauhmann, Fixsen, Phillips, & Wolf (1976)	(4)	13-15	0/4	Achievement Place for girls	Official BD	?	Tokens
Mandelbaum, Russell, Krouse, & Ganter (1983)	(31)	3rd grade	?	School	Unofficial	AD/Out-of-seat, talking to others	Assertive discipline: posters with rules, consequences for behavior

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Manzo (1977)	?	?	?	Classroom	Unofficial	L-A/Low motivation	Role play, motivating activity before lesson
Marshal & Heward (1976)	(8)	16-17	?	Visual response systems classroom at a correctional facility	Unofficial	CD/Not specified	Self-management
Martin & Rash (1978)	(20)	adolescents	?	Psychiatric hospital	Unofficial	SM/Juvenile delinquents recidivism	Incarceration vs. no fein for values, token economy
Matson, Horne, & Ollendick (1979)	(20)	3-12	14/6	Special summer school program	Unofficial	CD/Aggressive & disruptive behavior	Overcorrection--as compared between restitution & positive practice
Mazza (1981)	(2)	17 + 15	0/2	Family agency	Unofficial	SM/Alcohol abuse, depression, runaway poems	Poetry: poems made up by child and therapist with famous author
McAuley (1982)	(27)	?	?	Home	Unofficial	CD/Aggression, stealing	Written handouts, didactic instruction backed up with modeling role playing, rehearsal
McCarty, Griffin, Apollini, & Shores (1977)	(4)	adolescent	4/0	Psychiatric hospital	Official BD	?	Group contingencies
McCullough & Huntsinger (1977)	(1)	16	1/0	Clinic	Unofficial	CD/Aggression	Self-control therapy
McKinnon (1970)	(88)	?	?	Place of interview	Official BD	?	Ex post facto study
McLaughlin (1976)	0	?	?	?	Unofficial	SM/Shoplifting	Behavior approach: reward system
Mercer & Mash (1979)	(24)	6-11	24/0	Lab playroom	Official BD	CD/Aggression, compliance and disturbed peer	Activity while alone v. activity during interaction
Montgomery & Van Fleet (1977)	(138)	5-13	?	Residential treatment center	?	CD/Problems related to self, peer, adult, home, and neighborhood	RE-Ed program: used rating scales to assess effectiveness of program

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Morgan (1978)	(63)	5-12	47/16	School	Official BD	?-s rated teachers	?
Moser (1974)	(23)	5-7	15/8	Private school	Official BD	Non-testing reinf.	Tokens
Nagle & Thwarte (1979)	(30)	3rd-4th grade	?	School	Unofficial	AD/Impulsivity	Modeling: video tape
Neill (1979)	?	adolescents	?	Treatment center	Official BD	?	Gestalt therapy
Nutting, Price & Baty (1979)	(305)	15-22	?	Residential school	Unofficial	CD/Behavior probleam	Problem solving protool
O'Leary & Schneider (1977)	(23)	1st grade	18/5	Special class	Unofficial	CD/Highly disrupitve	Token reinforcement program, special vs. regular class
Ollendick, Elliot, & Matson (1980)	(90)	$\bar{X} = 14.6$	90/0	Training Center/ Rockville	Unoffical	SM/Adjudicated delinquents	Fixed token economy and behavioral contracting
Ollendick & Herson (1979)	(27)	13-16	27/0	Training Center	Official BD	CD/SD/Vandelism, burglary, rape, robbery, assault and battery	Social skills training (instruction, feedback, modeling, rehearsal, social reinforcement, and graduate homework)
Omizo & Michael (1982)	(32)	10-12	32/0	Classroom	Unofficial	AD/Hyperactivity, attention to task, impulsivity	Biofeedback, relaxation
Paine, Hops, Walker, Greenwood, Fleishman, & Guild (1982)	(9)	elementary	?	Classroom	Unofficial	SI/withdrawal	Recess based point system, tutoring, PEERS program
Parker & McCoy (1977)	(8)	6-8	4/4	School/Special class	Unofficial	SM/Low attendance	Reinforcement: principal praises students, calls home for good attendance, disapproval for absence, prompts for future attendance
Pentz & Kazdin (1982)	(61)	13-15	37/24	Classroom	Unofficial	CD/SD/Assertive, aggressive, unassertive	Role-play, modeling, efficacy

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Platt, Harris, & Clements (1980)	(12)	12-17	10/2	Classroom	Official BD	AD/Low attention span	Reinforcement for attending: punched card if attending when sound occurred. Punches exchanged for reinforcement.
Quay, Glavin, Annesley, & Werry (1972)	(69)	2-6 grades	?/?	Resource room	Unofficial	CD/Problem behaviors	Structured classroom system
Rapport, Murphy, & Bailey (1982)	(2)	7-8	2/0	School and home	Official BD	AD/Hyperactive	Ritalin vs. response cost Diff dosages of Ritalin and a response cost of free time.
Raubolt (1975)					Unofficial	AI/Feel alienated	Group therapy, peer, self-help groups
Redfering & Bowman (1981)	(9)	8-11	8/1	Classroom	Official BD	L-A/Inability to adjust to regular school program	Benson's meditative--relaxation technique
Reese, Murphy, & Filipczak (1981)	(98)	7-9th grade	?	Classroom	Official BD	L-A/	Group cntingency system (reinf is tangible, social or activity)
Rieth, Polsgrove, Rala, Beterson & Buchman (1977)	(1)	7	1/0	Self-contained class	Official BD	L-A/Vocabulary	Contingent free time
	(1)	10	1/0	Reading resource room	Unofficial	L-A/Vocabulary and comprehension	Contingent free time
	(1)	11	1/0	Self-contained classroom	Official BD	L-A/Low accuracy	Contingent free time
Robin, Schneider & Dolnick (1976)	(11)	primary	?	Classroom	Official BD	CD/Aggression	Turtle technique
Robinson, Newby, & Ganzell (1981)	(18)	3rd grade	?	Classroom	Unofficial	AD/Hyperactive	Tokens
Rosenstock (1975)	(1)	15	0/1	Hospital/home	Unofficial	CD/Acting out	Contract

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Rotherham (1982)	(100)	4-6 grade	?	Classroom	Unofficial	CD/Disruptive underachiever	Social skills training: group problem solving, rehearsal and feedback
Rowbury, Baer, & Baer (1976)	(7)	4-6	?	School/Special class	Official BD	SM/CD, AD/Short attention span, hyperactivity, aggression, language problems	Tokens: contingent on completion of academics
Schloss, Kane, & Miller (1981)	(3)	13-14	2/1	School/Special class & regular class	Official BD	SM/Truancy	Motivational approach: assessment--parent and school set up consequences
Slavin (1977)	(39)	7-9 grades	31/8	Classroom	Unofficial	L-A/Difficulties with academics, human relationships and low self organiz.	Teams-games
Shapiro (1979)	(1)	5.5	0/1	Day program for TMH	Unofficial, but TMH	CD/Physically agrressive	Overcorrection by positive practice
Shumaker, Hazel, Sherman, & Sheldon (1982)	(57)	13-17	31/26	P.O. Offices	Unofficial	SI/Problem in interpretation skills	Social skills training
Simpson, Reese, Kaufman, & (1980)	(12)	6-12	12/0	Classroom	Unofficial	AD/Hyperactive, distractible, short attention span, overactivity, restlessness	Drug therapy: 2 drugs 1 placebo
Sindelar, Hensaker, & Jenkins (1982)	(2)	7-10	0/2	Classroom	Unofficial	AD/Highly distractible	DRO and response cost
Snyder & White (1979)	(15)	14-17	?	?	Official BD	CD/Socialized delinquency drug abuse, poor attendence	Cognitive self-instruction, contingency awareness
Stainback & Stainback (1980)	?	?	?	?	All Categories	?/Inappropriate attitudes	Pair items of pleasant and unpleasant events--conditioning

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Stein, Ball, Conn, Haren, & Strizber (1976)	(22)	adolescents	0/22	Day school	Unofficial	CD/Learning proglems, aggression, hyperactivity, school phobias, truancies, soft drugs, and inhalants	Point system then merit system
Stotsky, Browne, & Philbrick (1974)	(573)	13-16	?	Classroom	Official BD	All/Various	Special residential & day schooling
Strain & Wiegerink (1976)	(12)	40-56 mos.	8/4	Preschool	Official BD	?	Sociodramatic activities, role playing
Strober & Bellack (1975)	(1)	9	1/0	Home school	Unofficial	CD/Maladaptive classroom behaviors	Modifying contingencies, direct manipulation of consequences
Swanson (1979)	(6)	14-16	6/0	Classroom	Unofficial but LD	CD?Inappropriate, disruptive verbalizations, easily distracted, out of seat	Punishment (loss of free time or lost of tokens
Teicher, Sinay, & Stumphauzer (1976)	(10)	adolescents	5/5	Community agency	Unofficial	SM/Alcohol abuse	Principles of behavior modification
Turkewitz, O'Leary & Ironsmith (1977)	(8)	7-11	?	Classroom	Official BD	CD/Disruptive classroom behaviors	Self-control (goals, self-evaluation, tokens and matching)
Tyroler & Lahey (1980)	(4)	20-35 mos.	?	Day care center	Unofficial	CD/Disruptive behavior	Contingent observation
Unkovic, Brown, & Mierseva (1978)	(?)	14-17	?	Camp	Official BD	?/Juvenile problems	Set up goals
Van Krevelan, Maresa, & Schreurs-Dijstra (1971)	(10)	8-14	12/2	Child psychiatric centers	Official BD	CD/Attention-deficit, SD social incompetence, A-I and academic, severe behavior problems	Medication
Wahler (1975)	2(2)	preadolescent	2/0	Home and school	Unofficial	SM/Noncompliance	Contingency management: time out and positive reinforcement

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Waksman (1979)	(12)	10-14	10/2	Classroom and other	Unofficial	CD/Aggression, noncompliance, negativism, talk outs, throwing objects, bothering others, academic deficiencies and high rate behavior	Report card system-daily contracts with home contacts with parents
Walden & Thompson (1981)	?	?	?	?	Unofficial	AD/Hyperactivity	Alternatives to drug therapy
Wasserman (1977)	(1)	12	1/0	Psychiatric residential program	Unofficial	CD/Disruptive behaviors	Negative reinforcement
Wasserman (1977)	(32)	5-12	?	Day treatment program	Official BD but LD	CD/Chaotic activity, fighting, destruction of property	Cueing device, group contingency
Wasserman & Vogrin (1979)	(26)	6-12	21/5	Day treatment program	Official BD & unofficial but LD	CD/Emotional, behaviors and academic problems	Tokens, response cost
Weathers & Liberman (1975)	(6)	14-117	?	Home	Official BD	SM/Juvenile offenses	Contingency contracting, negotiation skills, effective communication
Webster (1976)	(1)	13	1/0	Classroom	Unofficial	CD/Mild & uncontrollable episodes of acting-out behaviors	Time out
Weinrott, Corson, & Wilchesky (1979)	25 pairs	?	?	?	Official BD	SI/?	Early intervention, teacher mediated treatment, late intervention, others
Weinstein (1969)	(250)	?	?	Follow up data for Re-Ed	Official BD	?	Re-Ed program
Wellisch, DeAngelis, & Paternite (1981)	(14)	14-22	14/0	Residential center rehabilitation	Unofficial	SM/Drug abuse, homosexuality	Psychotherapy: individual and group
Wilson, Robertson, & Haynes (1979)	(13)	5	13/0	Lab school	Unofficial	CD/Aggression	Time out

Citation	(n)	Age	Sex (M/F)	Setting	Label	Category of Problem General/Specific	Treatment
Wood, Buescher, & Denison (1979)	?	junior high	?	½ day reg., ½ day private	Unofficial	SM/"At risk" dropping out	Education, support services, management training for teachers and parents
Wood & Flynn (1978)	(6)	10-15	6/0	Residential	Official BD	?	Self-evaluation, tokens
Wood & Swan (1978)	(106)	preschool	?	?	Official BD	?/Lack developmental tasks	Developmental therapy curriculum
Wolf (1983)	(592)	7-11	?	Jr. High school reg.	Unofficial	SM/Neurotic and antisocial behavior	Teacher aids, parent counseling, teacher consultation, group therapy, psychotherapy, behavior therapy
Wolff, Herrin, Scarborough, Wiggins, & Wiman (1982)	(12-15)	3-12	?	Medical center	Official BD	?/Nonverbal and autistic and neurotic	Psychotherapy
Wylde & Arthur (1979)	(51)	latency age	51/0	Residential classroom	Official BD	CD/Acting out	Reward
Yepes & Balka (1977)	(22)	7-12	21/1	Hospital	Unofficial	AD/Hyperactivity CD/Aggression	Drug therapy
Zwald & Gresham (1982)	(3)	junior high	?	Multicategorical classroom	Official BD	CD/Teasing, name calling	DRL-reinforced with free time
Zweig, J. T., Epstien, M. H., Chlebnikov, B., & Cullinan, D. (1979)	1(1)	13	1/0	?	Unofficial	SM/Truancy	Reinforcement: trading stamps

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(n) = number of youngsters treated

Sex M/F means number of males and females, if stated separately

General categories:
CD = conduct disorder (e.g., aggression, disruption, disrespect)
AD = attention disorder (distractibility, hyperactivity)
SM = social maladjustment (antisocial attitude and behavior, usually with peer group)
SI = social incompetence (withdrawal, unattractive behaviors)
AI = anxiety/inferiority (tenseness, lack of self-confidence)
L-A= learning and achievement problem (academic, vocational, or other learning problems)

PROJECT TITLE: MODEL EDUCATIONAL SERVICES FOR AUTISTIC CHILDREN AND YOUTH

PROJECT STAFF:

Administration: Melvyn Semmel, PD; Andriana L. Schuler, PI;
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Project Address: Special Education Program
Graduate School of Education
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PROGRAM TYPE: SNP FUNDING YEAR: 1st

PROJECT ABSTRACT: The project represents an extension of existing services and is designed to develop innovative program practices for serving children with autism. A broadened conceptual approach will be pursued in developing assessment and curriculum materials in the domains of social interaction and communicative competence. Integral to these efforts will be identification and validation of efficacious practices in classroom organization and instructional techniques. The assumption underlying the development of the curriculum is that many of the problems commonly encountered in teaching children with autism i.e., behavioral disruptions and poor generalization and maintenance of skills taught, are partially a reflection of inadequate curriculum and lack of access to appropriate peer models. Lack of access, in this context, refers to both reduced opportunities to interact with peers and the lack of communication and social interaction skills necessary to take advantage of such opportunities as do exist. Thus, the project will emphasize development of curriculum and instructional techniques aimed at improving functional communication and social interaction skills which have direct implications for the social integration of children with autism. A second component of the proposed model focuses upon dissemination of validated curriculum, classroom organization, and instructional methods technology to other classrooms serving children with autism within the 24-district Santa Barbara Special Education Service Region.

POPULATION SERVED: This project serves autistic children and youth, ages 5-18. Handicapping conditions range from moderate to profound.

SERVICE SITES: Services are provided in three regular elementary and secondary schools, including small town, city and rural environments. Four school districts are involved.

PROJECT SERVICES:

Facilitative Services: This project is a model for cognitive and communicative assessment, assessment-based curriculum strategies, and teacher training.

S-049

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for staff.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- Topeka Association for Retarded Citizens Assessment Inventory (2)	Commercially available
- Uniform Performance Assessment System (2)	
- Object Use Rating Scale (3)	Contact project
- Communicative Profile Interview (3)	
- Schuler-Bormann Conceptual Matching Test (2)	
- Staged Requests (examines the extent to which various communicative means are used to accomplish a particular communicative objective) (3)	
- Social Interaction Research and Intervention Observation System (3)	

PROJECT TITLE: AN INTEGRATED, HETEROGENEOUS PLACEMENT MODEL FOR TEACHING STUDENTS WITH AUTISM CHRONOLOGICAL, AGE-APPROPRIATE FUNCTIONAL AND SOCIAL INTERACTION SKILLS IN SCHOOL AND NON-SCHOOL ENVIRONMENTS

PROJECT STAFF:

Administration: Anne M. Donnellan, PI, PD; Lee Gruenewald, CO

Contact Person: Anne M. Donnellan, (608) 263-5499

Project Address: Department of Education
University of Wisconsin
Room 575E
1025 W. Johnson Street
Madison, WI 53706

PROGRAM TYPE: SNP FUNDING YEAR: 1st

PROJECT ABSTRACT: The participants in this project acknowledge that most students with autism grow up to live in institutions. In order to develop a model that will better meet the needs of these students to live, work, and recreate in a variety of community settings with other handicapped and nonhandicapped persons, this project will have the following major components: 1) autistic students will be placed in chronological, age-appropriate buildings; 2) they will be heterogeneously grouped (most of the other students will be nonhandicapped or have handicapping conditions other than autism); 3) the "Madison Model" of curriculum development strategies developed for other severely handicapped students will be utilized for these students; 4) strategies will be developed and implemented to adapt the curricular and teaching methods to meet the identified linguistic, learning, social interaction, and behavior problems; and 5) strategies will be developed which will aim at facilitating active, ongoing parent participation.

As this model has never previously been demonstrated with students with autism and will involve staff with a wide range of knowledge, experience, and skill regarding these students, a heavy emphasis will be placed on inservice of project staff.

POPULATION SERVED: This project will provide services to mentally retarded, seriously emotionally disturbed, autistic, and multiply handicapped children and youth, ages 5 to 18, whose handicapping conditions are mild to severe.

SERVICE SITES: Services are provided in three regular elementary and secondary schools and vocational sites in one school district in a city setting.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

S-062

Services for Children/Youth:	Staff	Trained By Staff
IEP Development:	X	X
Instruction/Therapy Plan Development:	X	X
Direct Instruction/Training:		X
Direct Therapy:		X
Ongoing Evaluation of Progress:	X	X
Family Training/Counseling/Therapy:		X
Related Services		X

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children, teacher aide/intern/assistant, psychologist, and speech/language/communication specialist.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- AAMD Adaptive Behavior Scale (2,3) - Meecham Verbal Language Scale (2,3) - California Preschool Social Competency Scale (2,3) - Caine-Levine Social Competency Scale (2,3)	Commercially available
- Communication and Social Competence Behavior Checklist (2,3) - Parent Inventory (3)	Contact project

167

PROJECT TITLE: MODEL EDUCATION PROGRAM FOR AUTISTIC CHILDREN AND YOUTH

PROJECT STAFF:

Administration: Sandra L. Bailey, PD

Contact Person: Sandra L. Bailey, (815) 753-1289

Project Address: Department of Learning Development
and Special Education
Northern Illinois University
DeKalb, IL 60115

PROGRAM TYPE: SNP FUNDING YEAR: 1st

PROJECT ABSTRACT: This project represents a cooperative effort on the part of the faculties of Special Education, College of Education, and the Department of Communicative Disorders, College of Professional Studies, Northern Illinois University; and the School Association for Special Education--DuPage, a 29-member district cooperative located in DuPage County, Illinois. The program will serve autistic and autistic-like children of elementary and secondary ages, and features the following: 1) practice-stretching services in integrated, age-appropriate, public schools; 2) programming in community settings as well as home and school settings to increase the functional use, generalizability, and durability of skills taught; 3) the establishment of a cadre of nonhandicapped students to act as peer models and tutors; 4) the functional communication and social skills required of individuals living in heterogeneous environments; 5) the use of social validation principles and procedures to assess the social importance of instructional objectives and the extent to which each student has met less restrictive settings or progressively less dependent activities; 6) the use of personnel from many disciplines to participate in educational decision making and programming; 7) the delivery of comprehensive inservice programs; and 8) services to parents and their inclusion as educational planners and implementers.

POPULATION SERVED: The project provides services to speech impaired and autistic children, ages 5-12, whose handicapping conditions are severe to profound.

SERVICE SITES: Services are provided in a suburban, regular elementary school Twenty-nine school districts are involved.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

Services for Children/Youth:	Staff	Trained By Staff
Diagnosis/Initial Assessment:		X
Instruction/Therapy Plan Development:		X
Direct Instruction/Training:	X	X
Direct Therapy:		X

Ongoing Evaluation of Progress:	X	X
Family Training/Counseling/Therapy:	X	X

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children, teacher/instructional personnel for parents, teacher aide/intern/ assistant, occupational therapist, physical therapist, psychologist, speech/ language/communication specialist, and social worker.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- Weschsler Intelligence Scale for Children-Revised (WISC-R) (2)	Commercially available
- Weschsler Preschool and Primary Scale of Intelligence (2)	
- Leiter International Performance Scale (2,3,4)	
- Merrill Palmer Scale (2,3,4)	
- AAMD Adaptive Behavior Scale (2)	
- Brigance Diagnostic Inventory of Early Development (2,3)	
- Brigance Diagnostic Inventory of Basic Skills (2,3)	
- Autism Screening Instrument for Educational Planning (2)	
- Childhood Autism Rating Scale (3)	Contact project
- Student Behavior Observation (2,3,4)	
- Teacher Behavior Observation (3,4)	
- Third-Party Evaluation (4)	

PROJECT TITLE: IMPACT: INNOVATIVE MODEL PROGRAM FOR AUTISTIC CHILDREN AND THEIR TEACHERS

PROJECT STAFF:

Administration: Richard S. Neel, PI; Frances McCarty, CO;
Deborah Symonds, CO; Cathleen Thompson-Moon

Contact Person: Cathleen Thompson-Moon, (206) 543-4011

Project Address: Experimental Education Unit, WJ-10
University of Washington
Seattle, WA 98195

PROGRAM TYPE: SNP FUNDING YEAR: 2nd

PROJECT ABSTRACT: The Innovative Model Program for Autistic Children and their Teachers (IMPACT) is a curriculum development project addressing the social and communication skill deficits of autistic children. The curriculum provides teachers with a process for creating teaching routines that train functional skills in natural context. Concurrently, these routines provide context for embedding social and communication skills. Current and future environmental needs and present levels of performance are identified through home and school inventories. Educational goals are targeted based on the child's current level of independent functioning in community, school, and home settings. Training is provided by IMPACT project staff to LEAs and parents in curriculum implementation, parent participation, and selection of age-appropriate functional goals.

POPULATION SERVED: This project serves autistic children and youth, ages 5-14, whose handicapping conditions are moderate to severe.

SERVICE SITES: Services are provided in three regular elementary and secondary schools and a special elementary school in major city and city settings. Twelve school districts are involved.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

Services for Children/Youth:	Staff	Trained By Staff
Screening/Child-Find:	X	
Diagnosis/Initial Assessment:		X
IEP Development:		X
Direct Instruction/Training:		X
Direct Therapy:		X
Ongoing Evaluation of Progress:	X	
Family Training/Counseling/Therapy:		X
Related Services:		X

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- Autism Screening Instrument for Educational Planning (1)	Commercially available
- Home and Social Environmental Inventory (2)	Contact project

PROJECT TITLE: A GENERALIZATION MODEL FOR DEVELOPING FUNCTIONAL COMMUNICATION AND SOCIAL SKILLS

PROJECT STAFF:

Administration: Sr. Raphael Marie, PI; Kathleen Gradel, PI; Nancy Dodd, CO

Contact Person: Kathleen Gradel, (716) 833-5353

Project Address Cantalician Center for Learning, Autistic Program
3233 Main Street
Buffalo, NY 14214

PROGRAM TYPE: SNP FUNDING YEAR: 2nd

PROJECT ABSTRACT: The Cantalician Center for Learning Model, Autism Program provides educational and ancillary services to autistic students, ages 6-16. The program is located in an integrated, age-appropriate parochial school attended by 200 students, grades K-8. The program for each student includes instruction in one-to-one and small group arrangements in 1) the self-contained autistic classrooms with other autistic students, 2) the autistic classrooms with nonhandicapped peers, 3) various integrated locations in the school (cafeteria, gym, other classrooms), and 4) community-based settings (busses, restaurants, stores). The parent involvement component includes multiple opportunities: 1) large and small group parent meetings, 2) parent participation in instruction with students during the school day, 3) home liaison with an emphasis on solving specific behavior problmes, 4) more intensive home liaison, with an emphasis on generalizing multiple IEP objectives, and 5) hiring parents as data collectors.

The emphasis of the model is on building generalized language and social skills in autistic children and youth. These behaviors are identified on the basis of their projected impact on students' current and future environments. Instruction in specified social-language objectives is integrated across domestic living, community management, leisure-recreation, and vocational areas. The extent to which identified social-language goals are generalized is being measured across criterion settings, for program students as well as across the program and comparison groups.

POPULATION SERVED: This project serves autistic children ages 6-16. Handicapping conditions are severe.

SERVICE SITES: Services are provided in the Cantalician Center, serving nine school districts in one county.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

Services for Children/Youth:	Staff	Trained By Staff
IEP Development	X	___
Direct Instruction/Training:	X	___
Ongoing Evaluation of Progress:	X	___

Family Training/Counseling/Therapy:	X	
Related Services:	X	

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children, teacher/instructional personnel for parents, teacher aide/intern/assistant, occupational therapist, speech/language/communication specialist, administrative staff, and clerical/secretarial support staff.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- AAMD Adaptive Behavior Scale (2)	Commercially available
- Third-Party Evaluation (4)	Contact project
- Multiple Baselines (4)	
- Central Group Comparison (4)	
- Data-based Child Performance Probes (3)	

PROJECT TITLE: MODEL EDUCATIONAL PROGRAM FOR AUTISTIC CHILDREN AND YOUTH

PROJECT STAFF:

Administration: Eric Schopler, PI; Gregory Olley, CO; Gary Mesibov, CO

Contact Person: Gregory Olley, (919) 966-2173

Project Address: Division TEACCH
Department of Psychiatry
214 Medical School Wing B, 207H
University of North Carolina
Chapel Hill, NC 27514

PROGRAM TYPE: SNP FUNDING YEAR: 2nd

PROJECT ABSTRACT: The Model Educational Program for autistic children and youth operated by Division TEACCH at the University of North Carolina, Chapel Hill has developed model curricula in the areas of social, language, and vocational skills, and is applying those curricula in two classrooms for autistic children in public schools in Raleigh, North Carolina. The curricula address a wide age range and range of functioning levels. An adolescent and adult version of the Psychological Profile is being developed for assessment of the older autistic person.

POPULATION SERVED: This project serves mentally retarded and autistic children and youth, ages 4-21. Handicapping conditions are mild to severe.

SERVICE SITES: Services are provided in a regular elementary school and a regular secondary school in rural, suburban, and city settings.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

Services for Children/Youth:	Staff	Trained By Staff
Screening/Child-Find:	X	
Referral to Appropriate Program:	X	
Diagnosis/Initial Assessment:	X	
IEP Development:		X
Instruction/Therapy Plan Development:	X	X
Direct Instruction/Training:		X
Ongoing Evaluation of Progress:	X	
Family Training/Counseling/Therapy:		X

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children, teacher/instructional personnel for staff, teacher/instructional personnel for parents, teacher aide/intern/assistant, administrative staff and clerical/secretarial support staff.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- Psychoeducational Profile (2,3)	Commercially available
- Leiter International Performance Scale (2,3)	
- Childhood Autism Rating Scale (2, 3)	Contact project
- TEACCH Classroom Reports (3)	
- TEACCH Observation systems for social and language skills (3, 4)	
- Third-Party Evaluation (4)	

PROJECT TITLE: PROJECT AIM: AUTISTIC INTEGRATION MODEL

PROJECT STAFF:

Administration: Joel R. Arick, PI; Patricia L. Almond, PI;
Creighton E. Young, CO; Michael Levitt, CO

Contact Person: Joel R. Arick, (503) 288-5361

Project Address: Project AIM
220 NE Beech
Portland, OR 97212

PROGRAM TYPE: HCMP FUNDING YEAR: 3rd

PROJECT ABSTRACT: The Autisic Integration Model has based its goals and objectives on a framework of community integration and student skill building to achieve maximum community acceptance. Project AIM has established two main thrusts of activity: student behavioral training and skill building, and community integration.

Student behavioral training and skill building is intended to develop the skills necesary for each student to succeed functionally within the extended community by establishing specific community target sites for each student. The IEP for each student reflects the community-referenced criteria within each objective. In addition, each student participates in a five-day field placement in their extended community target site.

The community integration component includes the following: 1) extended community information in which target skills are established; 2) a high school teacher assistant program; 3) information-exchanging procedures in the high school and the extended community in order to increase behavior tolerance levels; 4) behavior training and skill building assistance in the extended community; and 5) trial field placement supervision in the extended community.

POPULATION SERVED: This project provides services to autistic youth, ages 14-21, whose handicapping conditions are severe.

SERVICE SITES: Services are provided in 12 regular secondary schools, activity shelter centers, sheltered workships, and group homes in a major city. Two school districts are involved.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

Services for Children/Youth:	Staff	Trained By Staff
Screening/Child-Find:		X
Referral to Appropriate Program:		X
Diagnosis/Initial Assessment:		X
IEP Development:	X	
Instruction/Therapy Plan Development:	X	

Direct Instruction/Training:	X	
Ongoing Evaluation of Progress:	X	
Family Training/Counseling/Therapy:	X	
Related Services:		X

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children, teacher aide/intern/assistant, and social worker.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find	3 = Ongoing child evaluation/monitoring
2 = Initial diagnosis/assessment	4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- Autism Screening Instrument for Educational Planning (1, 2, 3, 4) - AAMD Adaptive Behavior Scales (2)	Commercially available
- Classroom Community Adaptive Behavior Observation Instrument (3, 4) - Community Attitude Survey (3, 4)	Contact project

PROJECT TITLE: MODEL EDUCATIONAL SERVICES FOR AUTISTIC CHILDREN AND YOUTH

PROJECT STAFF:

Administration: Andrew L. Egel, PI; Nancy A. Neef, CO

Contact Person: Andrew L. Egel, (301) 454-6596

Project Address: Dr. Andrew L. Engel
Special Education Department
University of Maryland
College Park, Maryland 20742

PROGRAM TYPE: HCMP FUNDING YEAR: 2nd

PROJECT ABSTRACT: In the past 10 years, we have witnessed the rapid development of a behavioral technology for educating autistic children. Unfortunately, in many cases implementation of the technology in public school classrooms has lagged far behind its development. Clearly, if programs for autistic children and youth are te be successfully implemented in the public schools, they should utilize techniques that have been empirically demonstrated to be effective. This program is designed to remediate the above deficiency by establishing a data-based model educational program for autistic children and youth in the public schools. A primary objective of the model is to demonstrate how an empirically based technology can be used and expanded upon within a public school classroom to provide educational services for autistic children and youth.

POPULATION SERVED: This project serves autistic children, ages 5-9. Handicapping conditions are severe.

SERVICE SITES: Services are provided in a special elementary school serving rural and suburban areas. Two counties are involved.

PROJECT SERVICES: These headings indicate services provided directly by project staff, or by people trained (at least in part) by staff.

Services for Children/Youth:	Staff	Trained By Staff
Screening/Child-Find:	X	
Diagnosis/Initial Assessment:	X	X
IEP Development:	X	
Instruction/Therapy Plan Development:	X	
Direct Instruction/Training:	X	
Direct Therapy:	X	
Ongoing Evaluation of Progress:	X	
Family Training/Counseling/Therapy:	X	X

Related Services: ___ X

REQUISITE PERSONNEL: Staff required to operate this program at another site are: teacher/instructional personnel for children, teacher aide/intern/assistant, and clerical/ secretarial support staff.

EVALUATION INSTRUMENTS/PROCEDURES: The parenthetic number following the title of each instrument/procedure indicates the following code for use of the instrument/procedure:

1 = Initial screening/child-find
2 = Initial diagnosis/assessment
3 = Ongoing child evaluation/monitoring
4 = Overall program evaluation

Instrument/Procedure (Use)	Availability
- Data-Based Management System (3)	Contact project

179

SECTION II

PROGRAMMATIC DEFINITION FOR THE EDUCATION OF BEHAVIOR DISORDERED STUDENTS

PROGRAMMATIC DEFINITION FOR THE EDUCATION OF BEHAVIOR DISORDERED STUDENTS

TABLE OF CONTENTS

PAGE

1.0 RATIONALE 1

  1.1 The Learner 2

  1.2 Philosophy 7

  1.3 Educational Goals 9

2.0 NEEDS ASSESSMENT 10

3.0 CURRICULUM 12

4.0 INSTRUCTION 17

5.0 PROGRAM STAFFING 26

6.0 PROGRAM MANAGEMENT 29

7.0 EVALUATION 32

8.0 COMMUNICATION 36

9.0 FACILITIES 37

10.0 FUNDING 38

BIBLIOGRAPHY 40

1.0 RATIONALE

> "During the course of growing up, most children, at one time or another, exhibit such disturbing behaviors as fearfulness, destructiveness or hyperactivity. Most of these children are never labeled as 'emotionally disturbed' because their behavior is moderate in degree, occurs only infrequently and has no apparent pattern."
>
> Frank M. Hewett, 1974

As stated in the Programmatic Definitions for Early Childhood Education, Middle Childhood Education and Adolescent Education, children at each educational level require a unique and sensitive educational environment. In the state of West Virginia approximately one per cent of the school population has been determined to manifest behaviors of such frequency, intensity or duration to require specialized modifications of class placement, curriculum and/or instruction. Research indicates that the majority of behavior disordered* students have academic deficits and that these achievement deficits increase with the age of these students. In addition to academic difficulties, problems with developing appropriate social interactions are compounded in the behavior disordered student.

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*Throughout this section the terms behavior disorders and behavior disordered exclude those students who are identified as autistic or autistic-like. See Section V Programmatic Definition for the Education of Autistic Students.

1.1 The Learner

Behavior disordered students have unique needs, characteristics and abilities that dictate special educational services. The eligibility criteria for placement in a behavior disordered program, as outlined in the Regulations for the Education of Exceptional Students, requires documentation that a student exhibits one or more of the following characteristics*, which adversely affect educational performance over a long period of time and to a marked degree:

a. an inability to learn which cannot be explained by intellectual, sensory or health factors;

b. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;

c. inappropriate types of behavior or feelings under normal circumstances;

d. a general pervasive mood of unhappiness or depression;

e. a tendency to develop physical symptoms or fears associated with personal or school problems;

f. behavior that is potentially harmful to the physical and mental well-being of self and others;

g. emotional problems manifested by truancy, defiance of authority, aggressiveness or withdrawal; and

h. an autistic condition which is manifested by severe communication and educational problems or a schizophrenic condition.

While not all behavior disordered students will possess all of these, each student will exhibit many of the characteristics which are sufficient in duration, frequency and intensity, requiring a need for intervention on behalf of the student to ensure his/her educational success.

---

* See Recommendations

183

Listed below are some problem behaviors which may assist teachers and parents in the identification and referral of children who need help. These behaviors may appear separately or in combination and are exhibited in the form of acting out behaviors, withdrawing behaviors, defensive behaviors and/or disorganized behaviors.

- Restlessness or Disruptive Behavior

  agitation; demand of excessive attention; antagonism
- Attention Deficit and/or Incompletion of Tasks

  resistance to starting, completing and/or critically approaching tasks; carelessness; disorganized approach to activities; inability to plan in order to complete tasks; distractability as a result of the inability to concentrate and/or pay attention for a length of time required to complete an age-appropriate activity/task.
- Listening Difficulties

  inappropropriate responses; difficulty following directions; inattention to others engaging in conversation; appearance of disinterest
- Inappropriate Interaction and/or Avoidance

  avoidance of social interaction with peers; inappropriate interaction with peers (biting, hitting, bullying, fighting, etc.); avoidance of seeking help and/or attention from adults and/or peers; poor social judgement

- Repetitive Behavior

  perseveration of speech or unusual movement; inability to cease activity independently

- Ritualistic Behavior

  an unusual and/or fixed way of approaching and doing certain activities

- Resistance to Direction and/or Discipline

  impertinence; defiance; resentfulness; destructiveness; negativism; inability to accept direction, training and/or constructive criticism; passive resistance

- Speech Problems

  lack of speech; unusual amplification; unusual rate; lack of clarity

- Unusual Language Content

  use of bizarre, strange and/or fearful jargon; use of immediate and/or delayed echolalia and inappropriate vocalizations

- Physical Complaints

  seemingly tired and/or lethargic; excessive discussion and/or feigning of illness or injury

- Aggressiveness

  display of inappropriate verbal and/or physical aggression towards self, others and objects; violence or threats of violence

- Sophisticated Aggression

  clever manipulations to provoke a confrontation or verbal battle; dangerous practical jokes; anonymous vandalism
- Withdrawal

  excessive daydreaming; depression; over-compliance characterized by inappropriate show of emotion; out-of-touch with reality
- Anxiety

  lack of self-confidence; feelings of inferiority; need for constant reinforcement; possession of nervous mannerisms; preoccupation with worry; tendency toward perfectionism; self-derogatory behavior
- Temperamental Behavior

  hyper-sensitivity; irritablity; moodiness; depression; tantrums
- Impulsive Behaviors

  sudden inappropriate actions without thought or consideration of consequences
- Inappropriate Conduct Behavior

  lying; stealing; sexual misconduct; running away; offensive language and/or gestures; chronic substance abuse
- Self-stimulation

  persistent behaviors such as flicking fingers in front of eyes; shaking hands or head; rocking or twirling
- Attachment to Objects

  extreme preoccupation with objects with no regard for their intended use

- Non-responsive Behavior

  lack of eye contact; persistent tendency to turn away or look past others; nonresponsive to instruction, group activities and/or structure

- Academic Failure

  academic deficits ranging from two to six years or more; lack of performance regardless of ability or achievement

- Comfort in Peer Culture

  seeking of protection by a peer culture; becoming followers, leaders or scapegoats; using the group as a buffer from the demands of school or those in authority

- Absenteeism

  high rate of school absences without excuse; school phobia

- Contact with Social Agencies

  significantly more contact with police, welfare, and other social agencies than normal

187

1.2 Philosophy

Education for behavior disordered learners is based upon the assumption that the student must be valued as a unique individual and that each student must be assured the opportunity to develop to his/her maximal potential by providing a free, appropriate public education in accordance with his/her developmental levels.

By virtue of their behavior impairment, behavior disordered students share certain characteristics, yet their very uniqueness dictates an individualized program for academic and social growth. The behavior disordered student has the potential to achieve in school at a rate commensurate with his/her intellectual level; therefore, educational programs for behavior disordered students must provide a broad range of opportunities which include special methods in addition to normal educational procedures and extracurricular environments.

Behavior disordered students are to be educated in the least restrictive environment which affords the optimal opportunity for intellectual and social development. The regular classroom with chronological age peers is the setting in which behavior disordered students should be placed. When the severity of the student's behavior problem requires placement in an alternative setting, the ultimate goal is an expedient return to the regular classroom.

Early intervention for behavior disordered students is necessary to teach them to think, learn and adapt to their ever-changing environment. However, beyond any specific approach, the most crucial factor in a successful program at all education levels is the personal investment school personnel and parents make to behavior disordered students. This concern will be demonstrated as school personnel and parents assume the roles of advocate and facilitator of the behavior disordered students' individualized programs, and will constitute a powerful impetus for growth. For behavior disordered students it is essential that the total educational system, parents, students and the community collaborate to provide appropriate educational services.

1.3 Educational Goals

The goal of a Behavior Disorders Program is to provide the instruction and assistance necessary to enable the student to progress developmentally through an approved program of study.

The behavior disorders program includes six (6) major components: behavior management, emotional/social education, academic instruction, career education, leisure skills and daily living/survival skills.

Because of the unique nature of the behavior disordered student, the educational program should include all of the goals listed in the Programmatic Definitions for Early Childhood Education, Middle Childhood Education and Adolescent Education. However, the ranked order should be prioritized to reflect the behavior disorder student's individualized needs.

Additionally the behavior disorders program should be structured so that the student:

- accepts responsibility for his/her own behavior;
- perceives the relationship between demonstrated behavior and natural consequences;
- adapts behavior for specific goal attainment;
- learns techniques for coping with stress, negative feedback, and his/her behavior impairment;
- develops self-control to facilitate appropriate learning and social relationships;
- develops appropriate internal controls;
- attains an adequate level of self-worth; and
- generalizes, discriminates and maintains attained goals in appropriate life situations.

2.0 NEEDS ASSESSMENT

The needs assessment process for the education of behavior disordered students specifies the goals and objectives a program should achieve and determines how well those goals and objectives are being achieved. The purpose is to identify discrepancies that exist between desired goals and objectives and existing programs. Each discrepancy identifies a need.

Individual raters involved in the needs assessment process should be selected on the basis of their educational expertise, commitment and experience. Broad representation of teachers of the behavior disorder student, parents, students, community agencies, school board members, programmatic area curriculum experts, principals and other professional educators and administrators should be included in the rating process.

As goals, discrepancies and priorities change with time, it is essential that an ongoing needs assessment be an integral part of the educational program.

A needs assessment process should include the following components:

- Specification of desirable goals and objectives
  - It is important for these goals and objectives to reflect local, state and national issues and concerns, identified learner needs and the concerns of parents and other interested individuals and groups. A broad representation of the education community must be used in the formation of such goals and objectives. (See Appendix A for a listing of federal and state

legislation and policies, relevant publications and professional/parent organizations.)

- Determination of the relative importance of the goals and objectives through a rating process
    - This process will assist those persons involved with the needs assessment with prioritizing the goals and objectives of the program.
- Assessment of the degree of discrepancy between program goals and objectives and the degree of attainment
    - Particular attention should be given to objectives which have received high ratings and demonstrated present levels of attainment substantially below desired levels.
- Determination of discrepancies which are most important to address
    - Subsequent decisions should be made which prioritize the identified needs. These needs will serve as focal points for the assessment of future program goals and objectives.

3.0 CURRICULUM GOALS

In order to program for behavior disordered children, teachers must be willing and able to design educational plans for individuals, to change and modify these plans as the children develop and to plan for experiences that promote social, emotional and cognitive growth (Paul, p. 302). Emphasis should be placed on techniques for managing behavior, coping with motivational forces, providing remedial instruction in academic areas and encouraging the child to generalize, discriminate and maintain skills and attitudes in appropriate life situations.

As determined by their individual abilities, behavior disordered students should progress through the basic learning outcomes in all required areas of the curriculum. High expectations in these curricular areas will foster optimal growth.

In order to allow optimal growth and development, the goal of education for behavior disordered students must address cognitive and affective learning. However, cognitive learning is not likely to occur until the behavior problems of these students are addressed through behavior management and emotional/social education.[*] Therefore, it is essential that affective, behavioral and cognitive learning goals be established for each student. It is also important to realize that the attainment of goals in one area of learning will not necessarily assure success in the other areas.

Success, which will be influenced by the relationship between the teacher and student, should be built into the curriculum for behavior disordered children. Achievement and success will breed confidence and growth in self-esteem. This will develop self-reliance and an ability to undertake new challenges.

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[*] Emotional/social education is also widely known as affective education. The term, emotional/social education, will be used throughout the document to alleviate any confusion which may be associated with use of the term, affective domain.

Behavior disordered students are developmentally delayed and/or exhibit an interruption in the affective domain and do not acquire socialization through an incidental learning process to the degree found in normal children. Consequently, the curriculum should first contain components for behavior management and emotional/social education. Additional curricular components should include career education, modifications of general academic education, leisure skills and daily living and survival skills. To allow the behavior disordered learner to achieve to his/her maximal potential, intervention at the early childhood educational level is critical.

Behavior Management is the process of altering an individual's behavior which results in an increase in desirable behavior and a decrease or elimination of undesirable behaviors. The student must learn to respond appropriately to his/her environment. Following are goals of behavior management for behavior disordered students:

- to utilize appropriate behavior in varied environments
- to control impulses
- to interact appropriately with peers and adults
- to act responsibly
- to cope with stress
- to express emotions appropriately
- to use one's strengths and compensate for one's weaknesses
- to communicate appropriately
- to control anxiety

- to act on one's beliefs/values
- to use decision-making and problem-solving skills.

Emotional/Social Education refers to the development and expansion of appropriate feelings, concerns, interests, desires, values and attitudes. Following are goals of emotional social/education for behavior disordered students:

- to feel self-worth
- to trust others
- to recognize/accept consequences of one's own behaviors
- to develop an accurate perception of reality
- to recognize one's own emotions
- to accept one's own strengths and weaknesses
- to recognize the importance of communication skills
- to recognize one's own beliefs and behaviors (values clarification)
- to develop decision-making and problem-solving skills

Career Education is the totality of experiences through which one learns to work. It is a developmental, sequential and cumulative process, an aggregate of cognitive, affective and psychomotor skills. Career development must focus on the totality of the behavior disordered learner's competencies as well as specific technical competencies. Education in this area must extend from preschool through the adult years because a behavior disordered student's value system develops early, and it is modifiable during this time. Therefore, the student must see a close relationship between what he/she is taught and its effect on his/her life in order to be motivated to learn.

Following are goals of career education for behavior disordered students:

- to recognize/develop appropriate attitudes toward work and work roles;
- to develop use of decision-making and problem-solving skills appropriate for a work environment;
- to acquire behaviors required in a work environment;
- to develop an awareness of career information including occupational roles, vocabulary, guidance, alternatives, etc.;
- to use educational experiences to explore career options;
- to recognize economic needs; and
- to be afforded the opportunity to develop technical skills for specific work roles through modification of the regular vocational curriculum.

The curriculum should reflect an opportunity to learn entry and maintenance level skills in all areas.

Modifications of General Academic Education refer to appropriate changes in the academic programs of study which are made based upon the individual needs of the learner. These modifications can be addressed through implementation of a variety of techniques, instructional strategies, materials and resources.

Leisure Skills refer to the ability to constructively use one's free time. Leisure activities provide an outlet for release of stress, provide for a healthy, appropriate use of free time and allow for the development of lifetime avocational interests. Many behavior disordered students do not acquire these skills through incidental learning; thus the curriculum for behavior disorders must be structured to afford the opportunity for the development of leisure skills by including the following goals:

- to recognize the importance of leisure time
- to recognize the need for structuring leisure time
- to be aware of suitable leisure opportunities
- to be aware of own leisure interests and abilities
- to develop appropriate hobbies and special interests.

Daily Living and Survival Skills refer to the behavior disordered learner's ability to cope with the demands of daily living and survival. Following are goals for daily living and survival skills for behavior disordered students:

- to develop an awareness of community resources
- to use community resources
- to recognize legal rights and responsibilities
- to develop and maintain interpersonal relationships
- to recognize and responsibly fulfill one's role in the family.

4.0 INSTRUCTION

The Individualized Education Program (IEP) is the central educational document for the behavior disordered learner's total education and serves as the outline for instruction. It should reflect the curricular components by addressing the appropriate learning outcomes as determined for each student. Instruction is the process of implementing the educational plan which has been individualized for the student.

In many instances learning outcomes, materials and resources in regular education may be appropriate to meet many of the needs of the behavior disordered learner. However, the individuality and uniqueness of each behavior disordered student precludes selection of predetermined materials and resources to achieve these learning outcomes. An adaptation/modification of materials, resources and strategies, including experiential techniques such as field trips, exposure to resource individuals and hands-on activities may be required to satisfy some of the learner's needs. A wide variety of these elements of instruction should be available to meet the myriad of learning experiences necessary to promote and develop feelings of self-worth, success and independence, and to achieve appropriate learning outcomes. (See Appendix B)

Learning Alternatives

Students eligible for placement in a Behavior Disorders Program will be provided an Individualized Education Program (IEP) in the least restrictive environment appropriate to meet their needs. The alternatives are described in the West Virginia Regulations for the Education of Exceptional Students which must be available to each student:

- Regular Education Program (General and/or Vocational) with Modification (Full-time Placement in Regular Classroom)
  - consultation
  - selective scheduling
  - individual behavior management plan
  - curricular adaptation
  - environmental adaptation
- Regular Education Program (General and/or Vocational) with Resource Services (Part-time Resource Room and Part-time Regular Classroom Placement)
  - consultation
  - selective scheduling
  - individual behavior management plan
  - curricular adaptation
  - environmental adaptation
  - team teaching
- Special Education Program: Self-Contained (Full-time Behavior Disorders Class Placement)
  - individual behavior management plan
  - curricular adaptation

    - environmental adaptation
    - provisions for mainstreaming
    - consultation
- Special Education Program: Special School (Full-time placement in a day school; e.g., Alternative School)
    - consultation
    - individual behavior management plan
    - curricular adaptation
    - environment adaptation
    - provisions for reentry into regular school
- Special Education Program: Out-of-School Environment (Alternative placement in a non-school environment; e.g., homebound instruction, hospital instruction, work-study program)
    - consultation
    - individual behavior management plan
    - curricular adaptation
    - environmental adaption
    - provisions for reentry into regular or special school
- Special Education Program: Residential Facility (Placement in a twenty-four hour program; e.g. Correctional Facilities, Department of Health Facilities, Department of Human Services Facilities, Hospitals, Private Facilities)
    - consultation
    - individual behavior management plan
    - curricular adaptation
    - environmental adaptation
    - provisions for reentry into local school district

The most appropriate placement for a behavior disordered learner is determined by the results of a multidisciplinary assessment and the needs and ability of the individual student. It is the responsibility of the Placement Advisory Committee to match the multidisciplinary assessment results and the learner's needs and abilities with the appropriate placement configuration. Because there is no existing data to clearly designate a particular configuration as the most expedient, determination of placement relies on the committee's professional judgement. However, research does support a variety of intervention strategies within specific delivery models that are effective in changing the behavior disordered learner's cognitive, affective and psychomotor skills. These interventions, the majority of which are behavioral in whole or part, are adapted within the particular configuration to suit the needs of the behavior disordered learner.

The needs of individual students and available resources of school systems vary. Considering these needs and resources, the following models (see Bibliography) may be used by educators:

Psychodynamic Model

Emphasis is placed on the child's autonomy and positive sense of self, the child's perception of the world, the tasks of learning and the child's developmental forces and mental process. All of these may enhance or interfere with learning and performance. Strategies may include:

- teacher-based intervention
- therapeutic tutoring
- consultation
- clinical psychotherapy within the school setting
- individual psychotherapy

- parent therapy
- group therapy with children
- family therapy
- hospitalization
- drug therapy

Behavioral Model

This model assumes that behavior disorders are primarily a result of inappropriate learning and that the most effective preventative actions and therapeutic interventions will involve controlling the child's environment in order to teach appropriate behaviors. Strategies may include:

- positive reinforcement
  - social, tangible, activity and/or intrinsic rewards obtained by contingency contracting, token economy, etc.
- differential reinforcement
  - time-based rewards, task completion, etc.
- extinction
  - over-practice, ignoring, nonpositive rewarding
- negative reinforcement
  - detention, over-correction, verbal reprimands, non-verbal behavior by teacher, exclusion from selected activities
  - when negative reinforcement is a potential strategy:
    - all reasonable positive alternatives should first be considered (documentation is desirable)
    - only approved procedures should be used
    - there must be compliance with civic and human rights of the individual

    - they should be incorporated as a component of the IEP.
- time-out (see Appendix C)
    - Time-out refers to removing an individual from reinforcing events, following the principle that no one may violate the rights of others through a loss of control. This provides the necessary time for a child to regain control over his/her own behavior. The technique of time-out may be utilized in a variety of ways according to severity of offense, teacher preference, and availability. Typical methods could include:
        - designated area within the classroom
        - a specific room constructed for a time out area. (If this method is used, the room must comply with West Virginia Board of Education Policy, State fire marshall regulations and local boards of education policy.)

      When time-out is a potential strategy for the individual student it should be incorporated as a component of the IEP.
- removal from school
    - In certain instances school attendance may be determined to be the most effective reinforcer for a behavior disordered student. Thus, once documented alternative methods are exhausted, the removal of this reinforcer for a brief period may be the most appropriate means of managing the student's behavior. To ensure objectivity in such a decision and proper use of removal from school the Placement Advisory Committee (PAC) must be involved. When the PAC determines this to be a potential strategy for use

with an individual student, it must be incorporated as a component of the IEP.

When removal from school is not specified in the IEP for a behavior disordered student, it may be implemented when it is the only viable alternative to assure the safety and protection of the student and/or others and to ensure the security of the classroom and/or school environment. In such an instance, when a student is a danger to himself/herself and/or others, suspension should be considered as an emergency alternative and a PAC meeting should be convened as soon thereafter as possible. (See Section I Study of Studies for Behavior Disorders, Court Cases)

Ecological Model

This approach focuses on the student's interaction with the environment rather than on the student's deficits. Strategies may include:

- classroom based intervention
- teacher-student interaction
- student-student interaction
- structure of classroom
- parent involvement
- network of community services

Psychoeducational Model

This model shows concern for unconscious motivations and underlying conflicts, yet stresses the realistic demands of everyday functioning in school and home. Strategies may include:

- Life-space interviews
- emotional/social education groups

- one on one instruction
- direct instruction
- immediate consequences
- reality therapy
- formal assessment
- precision teaching

The previous examples of strategies are used for both instruction and management of behavior. However, at times it may be necessary to use passive restraint which is a technique that is not limited to a specific model. Passive restraint (see bibliography) may be employed in violent and/or potentially violent situations. The following recommendations are provided:

- Teachers should receive formal training in passive restraint techniques.
- The conditions under which passive restraint should be used are:
  - student violence toward self
  - student violence towards other students
  - student violence towards adults
  - student violence towards property
  - refusal to accept consequences: i.e., refusal to leave playground, refusal to accept time out, refusal to report to or leave designated area.
- Considerations should be given to the following:
  - county policy
  - state regulations
  - court decisions
- When possible, two adults should be present for the implementation of passive restraint.

- Incidences of passive restraint should be documented in terms of who administered it, time, duration, other participants, antecedent events and location.
- When passive restraint is a potential strategy for an individual student, it should be incorporated as a component of the IEP.

Learning Environment

An appropriate program for the behavior disordered learner must be conducted in an atmosphere that allows for flexibility and encourages individual social and academic growth. By capitalizing on his/her strengths, the teacher establishes a classroom structure that provides for an optimal learning environment which should be:

- well-planned
- safe and secure
- highly structured
- appropriately equipped
- consistent in expectations and consequences
- success oriented
- caring
- adapted to the specific learning styles of the student

These attributes foster self-esteem, independence and responsible behavior that allows for participation in the mainstream.

A positive flow of communication among all school personnel plays an integral role in facilitating the mainstreaming process. It is essential that the behavior disordered classroom be considered an equal part of the total school setting and, as such, behavior disordered students' participation in all school activities should be encouraged.

(See Appendix D)

5.0 PROGRAM STAFFING

The instructional program for behavior disordered students must be a joint effort by the educational staff and requires a total school involvement in the education of these students.

When a behavior disordered student is mainstreamed, the regular education/behavior program must be modified, if necessary, in accordance with the student's identified abilities, needs and goals. This requires that regular classroom teachers also participate in the delivery of the instructional/behavioral program for the behavior disordered student.

Instruction in the behavior disordered classroom will be conducted by professional personnel certified in the education of behavior disordered students. Additionally, it is essential that such persons have a desire and enthusiasm to teach behavior disordered students. The role of the teacher of behavior disordered students is to facilitate and implement the individualized education/behavior program as well as provide direct, appropriate instruction for the student.

Teachers working with the behavior disordered student must be competent in the following:

- knowledge and recognition of the special abilities and characteristics of behavior disordered students
- knowledge and use of the behavior management techniques appropriate for individual behavior disordered students
- ability to facilitate parental involvement in the behavior management plan
- ability to deal effectively with the stress of an emotionally-charged environment of a behavior disordered classroom by possessing and maintaining superior emotional stability.

- knowledge and use of educational techniques, strategies and methods, including emotional/social education, appropriate for instructing behavior disordered students
- ability to administer and interpret appropriate assessment instruments
- knowledge of federal and state legislation, policies and regulations relating to the behavior disordered student
- knowledge of related programs, services, agencies and community resources available to provide services to behavior disordered students
- knowledge and use of areas of study and learning outcomes appropriate for individual behavior disordered students.

All school personnel working with the behavior disordered student (e.g., behavior disordered teacher, regular teacher, classroom aide, bus drivers/aides, principal, school psychologist, guidance counselor, etc.) must recognize the special needs and characteristics of the behavior disordered student in order to enhance the student's education. This information is to be provided through staff development programs that deal with the specifics of the education of the behavior disordered student. These progams should provide training for the appropriate personnel in the following:

- knowledge and use of educational techniques, strategies and methods appropriate for instructing the behavior disordered student
- knowledge and use of appropriate behavior management techniques for dealing with behavior disordered students (e.g., formal training in passive restraint techniques)

- development of strategies to coordinate the behavior disordered program with the regular class, when appropriate
- modification of program practices through the use of evaluation data
- ability to exchange ideas and information that relate to all aspects of the instructional/behavioral program for the behavior disordered student.

Procedures must be established for the selection of appropriate personnel for the behavior disordered program. All personnel who work with behavior disordered students must be selected on the basis of their ability, competence and desire to carry out the goals and objectives of the program. Roles and responsibilities for all those involved in the education of the behavior disordered student must be clearly defined.

6.0 PROGRAM MANAGEMENT

Program management is the process by which the educational program for behavior disordered students is planned, organized, coordinated and evaluated. Components of program management include:

I. Individual Student Program

The first step in the development of programs for individual students is the identification process. This process identifies students and analyzes their academic, affective and behavioral strengths and weaknesses. Criteria for eligibility for a behavior disorders program are established in the Regulations for the Education of Exceptional Students. These regulations detail the method by which this decision is determined. The multidisciplinary assessment team must include members from a variety of disciplines and a variety of behavioral, educational and psychological evaluations must be given to referred students. In addition to the behavioral assessment conducted by the school psychologist, a behavioral assessment should be completed by a professional certified in the area of behavior disorders and the student's teacher. Research indicates that a more comprehensive evaluation is achieved when this type of assessment is utilized. (See Appendix E)

The second step includes a Placement Advisory Committee (PAC) meeting for the purposes of:

- identifying goals based on multidisciplinary assessment
- setting implementation objectives

- determining a system for evaluating the progress toward meeting these goals
- prescribing a process of transition to reenter the mainstream
- writing the above in an IEP for the student.

It is essential that the PAC be appropriately staffed as outlined in the Regulations for the Education for Exceptional Students and that parents be encouraged, as well as afforded, the opportunity to participate in the meeting. The final decision concerning the student's placement in the program must be a joint decision by those individuals included on the PAC with input from each member equally considered.

The third step is implementation of the plan developed by the PAC.

The fourth step is reevaluation and amendment of the plan developed by the PAC.

II. School/County Program

The overall school and county program for behavior disordered students must be managed in such a way as to provide maximum opportunity for each student to successfully meet the goals and objectives of the IEP. At the school level, the responsibility for program management resides with the building principal whose active support is essential to ensure a successful education for the behavior disordered student. The principal also serves as a liaison between the school and county administration implementing the county policy as it relates to the Behavior Disordered Program. The local education agency has a responsibility and is accountable for the provision and appropriateness of educational programs for behavior disordered students. The program management system should consist of the following:

- a statement of mission for the program, based on the characteristics of behavior disordered students and the Programmatic Definition for the Education of Behavior Disordered Students;
- administration of an initial needs assessment to determine goals and objectives in providing opportunities for behavior disorder students;
- identification of goals for the behavior disorders program, viewed and updated at least annually;
- establishment of implementation objectives to operationalize the goals; and
- an evaluation system and continuous needs assessment for analyzing how successfully the goals are being met, and for planning of future program goals.

Attention should be given to the interests and concerns of the community, the cultural and socio-economic make-up of the community, academic achievement, follow up studies of drop-outs and the attitudes of behavior disordered learners in the schools.

III. The State Program

The state shall establish a management system for the statewide program for behavior disordered students.

7.0 EVALUATION

Evaluation is a systematic process of collecting and analyzing information to determine the extent of achievement of affective, behavioral and cognitive goals and objectives. Properly implemented systems of evaluation will enhance student and program progress, professional development, program management and curriculum design and implementation. An evaluation model should be developed to provide professional staff with data for logical and systematic decision making and to ensure accountable expenditure of school funding. Information derived from evaluations should be used to improve the educational program for the behavior disordered learner. Evaluation components should include the following:

I. Student Evaluation

Goals and objectives which address the curricular components applicable to the individual student's learning outcomes are established in the Individualized Education Program (IEP). A variety of methods and techniques is used to evaluate the progress of the behavior disordered student.

Evaluation techniques and instruments should include criterion reference tests, sociometrics, interviews, checklists, rating scales, anecdotal records, observational techniques and other appropriate educational and psychological assessment instruments. By using a variety of testing techniques and/or instruments, a more comprehensive evaluation of learner progress can be obtained. Ongoing, data-based behavioral assessment is an essential element in evaluating the progress of the behavior disordered student.

Data collected from this evaluation of progress is important in maintaining areas of strengths, overcoming learning difficulties and selecting future learning experiences and behavior management methods.

II. Program Evaluation

Program evaluation is necessary to ensure the program is adjusted to best meet the needs of those students who are behavior disordered. Planned evaluation methods will assist the professional staff in determining the extent of learner achievement, effectiveness of the teaching strategies, materials, resources and instructional objectives of the IEP. An ongoing comprehensive program evaluation can also provide information concerning progress in achieving the goals and objectives of the educational program. This information should identify strengths and weaknesses in the curriculum for behavior disorders and provide an information base from which administrative decisions can be made relative to the learner, staff, curriculum and funding. An evaluation model will consist of the following components:

- needs assessments: This involves stating the goals and objectives to be met and determining how the existing educational program is meeting these objectives. This information is used to identify the needs of the behavior disordered individual's educational/behavioral program.
- program design: This is the planning and development of the programs tools (techniques and instruments) to aid in planning decisions. It includes the procedures needed for assessing whether the program is operating as planned and how well it is achieving its objectives.

- implementation evaluation: This is a process of monitoring the extent to which each component of the programmatic definition has been implemented.
- progress evaluation: This provides information about the progress of the program's components to achieve the program's objectives. The information is used to modify the program as deemed necessary.
- outcome evaluation: This provides information about the success of the entire educational/behavioral program for behavior disordered students. This information can support a decision to maintain, modify, expand or discontinue the program.

III. Evaluation Standards

- evaluation standards to be established at the state, county, school and learner levels
- evaluation efforts to be organized around the development and/or implementation of the educational goals and objectives
- a full range of evaluation activities to be implemented to collect data for making decisions about all aspects of program components related to adequacy, effectiveness and efficiency
- a comparison of desired educational goals and objectives to be compared with evaluation results to obtain information required for a program needs assessment
- an analysis of the ongoing program activities to be conducted in order to determine the extent to which objectives are achieved and to determine necessary revisions

- continuous monitoring of various phases of implementation in order to ascertain the degree to which proposed objectives are met
- an assessment of the behavior disordered program outcomes to determine the program's contribution to the success of the entire school program
- an assessment of the entire school program to determine its contribution to the success of the program for behavior disordered students
- emphasis placed on the validity, reliability and norms of instruments used in the evaluation process
- information from the assessments to be used to support decisions about whether to continue, modify, expand and/or discontinue specific program components.

8.0 COMMUNICATION

The ultimate goal of communication is to establish and maintain dissemination and interactive communication procedures that both inform and elicit feedback. Parents, educators, the community and the students should all be informed and involved in all phases of education for behavior disordered learners.

Communication among all persons connected with the education of behavior disordered students is essential if these exceptional learners are to be provided the best possible education. This includes all persons directly involved with the student. There must be:

- communication between the parent(s) of the behavior disordered student and the teacher of behavior disordered students as well as all other professional personnel who work with student;
- communication between all professional personnel who work with the behavior disordered student--especially between the teacher of behavior disordered students and the regular classroom teacher;
- individual conferences between the student and his/her teacher of the behavior disordered to allow planning and evaluation of his/her learning and behavioral management experiences within the program;
- communication between school, legal, medical and other applicable community agencies in regard to the goals of the behavior disordered program and how these agencies can assist in reaching these goals.

Only when all of those involved in the behavior disordered program maintain close communication and cooperation will the behavior disordered student develop to his/her potential.

9.0 FACILITIES

Educational facilities must provide the atmosphere, materials and equipment needed to enable each child to achieve the goals and objectives as stated in his/her Individualized Education Program (IEP). A basis for consideration of these facilities is defined in the Handbook on Planning School Facilities.

Appropriate facilities for the education of behavior disordered students:

- provide adequate heating and ventilation;
- provide acoustical equipment and carpeting that eliminate excessive noise and adequate nonflourescent lighting that reduces distractability;
- eliminate safety hazards by providing plexiglass windows, covers for electrical outlets and stationary furniture;
- provide physical space within the behavior disordered classroom to allow for the use of various management techniques such as time-out, individual learning carrels, classroom dividers, etc.;
- provide for classroom location in low traffic area;
- provide equipment that may be necessary for learning and progress, (e.g., two way mirror, two way intercom, learning carrels, classroom dividers, window blinds, restroom, wash sinks and time out area) and
- provide adequate storage space.

10.0 FUNDING

Adequate funding must be provided to meet the affective, behavioral and cognitive curricular and instructional needs of each behavior disordered student, including but not limited to, funds allocated for those students who are identified as behavior disordered.

In addition to employing personnel who provide direct special services to students, these funds should also be utilized to:

- purchase materials, equipment and reinforcers that are necessary to implement the goals and objectives of the Individualized Education Program (IEP);
- provide transportation to and from special schools, special programs, educational excursions and other activities designated by the IEP and/or relevant to the student's educational and/or behavioral program;
- provide appropriate facilities;
- provide related services as designated by the IEP (e.g., additional psychological/psychiatric services, therapies, etc.);
- provide for training of all school personnel working with behavior disordered students through staff development programs;
- provide the opportunity for training of parent(s) for home implementation of the behavior management plan that is currently being used in the classroom for his/her child;
- provide teachers of behavior disordered students the opportunity to participate in stress management seminars, counseling and/or therapy in order to maintain superior emotional stability; and
- provide opportunities for teachers of behavior disordered students to attend relevant workshops seminars and/or

conferences in order to remain current in the field of behavior disorders and to exchange information.

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G1/D3

SECTION III

PROGRAM OF STUDY
FOR
BEHAVIOR DISORDERED
STUDENTS

PROGRAM OF STUDY

The Program of Study for Behavior Disordered* Students is the curriculum sequence which constitutes the subject matter to be offered to these students in the schools of West Virginia. Learning outcomes are measurable descriptions of the knowledge, skills, and/or attitudes that the student is expected to acquire within the Program of Study.

There are six components in the Program of Study for Behavior Disordered Students:

I. Behavior Management
II. Emotional/Social Education
III. Academic Instruction/Learning Outcomes
IV. Career Education
V. Leisure Skills
VI. Daily Living and Survival Skills

The learning outcomes in each component must be appropriate to the behavior disordered student's developmental level. This requires a skill continuum, which allows students to work at their appropriate place on the continuum. The learning outcomes must also consider the varying characteristics of students at each developmental stage: early childhood, middle childhood and adolescent education.

Based on individual needs of the learner, consideration must be given to each curricular component when developing the Individualized Education Program (IEP) to provide an appropriate curriculum for behavior disordered students.

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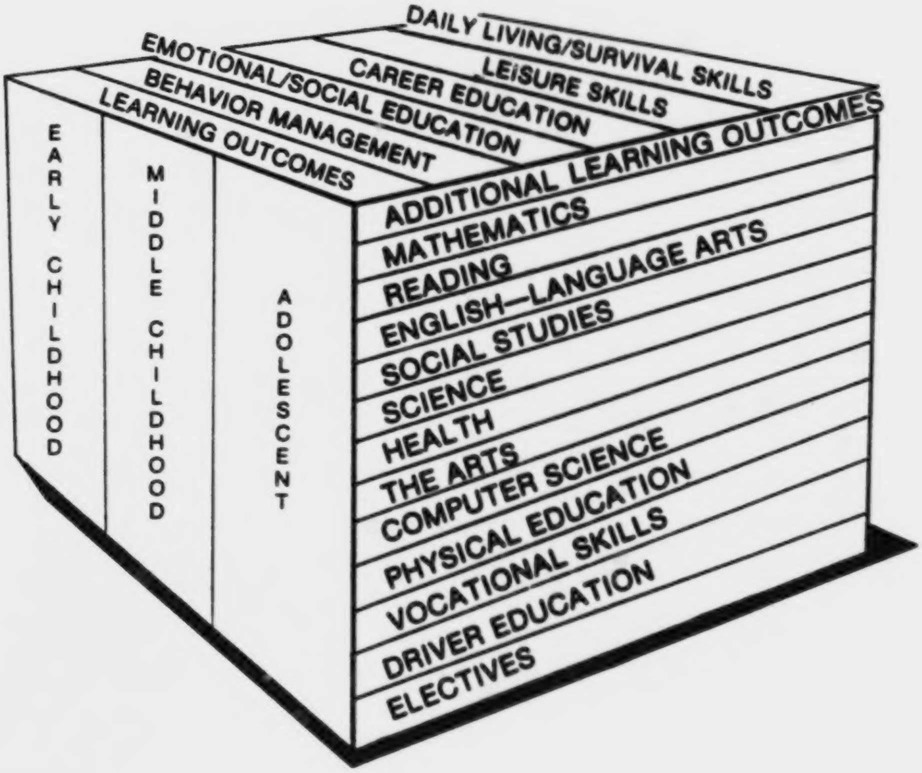
*Throughout this section the terms behavior disordered and behavior disorders exclude those students who are identified as autistic or autistic-like. See Section VI Program of Study for Autistic Students.

CURRICULUM MODEL: BEHAVIOR DISORDERS


DAILY LIVING/SURVIVAL SKILLS
LEISURE SKILLS
CAREER EDUCATION
EMOTIONAL/SOCIAL EDUCATION
BEHAVIOR MANAGEMENT
LEARNING OUTCOMES
ADDITIONAL LEARNING OUTCOMES
EARLY CHILDHOOD
MIDDLE CHILDHOOD
ADOLESCENT
MATHEMATICS
READING
ENGLISH—LANGUAGE ARTS
SOCIAL STUDIES
SCIENCE
HEALTH
THE ARTS
COMPUTER SCIENCE
PHYSICAL EDUCATION
VOCATIONAL SKILLS
DRIVER EDUCATION
ELECTIVES

CONCEPTS

The additional learning outcomes for behavior disorders can be delivered as a portion of a general education program of study (i.e. basic addition, subtraction) or as a part of the BD program of study (i.e. behavior management). All learning outcomes are delivered within the programmatic levels of early childhood education, middle childhood education and adolescent education.

MODIFICATIONS FOR LEARNING OUTCOMES

Vocational and General Academic Education

Early Childhood, Middle Childhood and Adolescent Education

<table>
<tr><th>Concept</th><th>Learning Outcome</th><th>Sample Modified Learning Objective</th><th>Activities</th><th>Media</th><th>Evaluation</th><th></th></tr>
<tr><td>↕ Developed by SEA</td><td>↕ Developed by SEA</td><td>↕ To be Developed by SEA</td><td></td><td></td><td></td><td rowspan="2">*Initially a determination must be made of whether or not a student will be able to achieve the learning outcome. If it is decided that the student will be able to achieve the learning outcome, it must then be determined whether or not he/she will be able to achieve it with or without modification.
*SEA - State Education Agency
*LEA - Local Education Agency</td></tr>
<tr><td></td><td></td><td colspan="4">← To be Developed by LEA →</td></tr>
</table>

BEHAVIOR MANAGEMENT

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To utilize appropriate behavior in varied environments • To control impulses • To interact appropriately with peer and adults • To act responsibly • To cope with stress • To express emotions appropriately • To use one's strength and compensate for one's weaknesses • To communicate appropriately • To control anxiety • To act on one's beliefs/values • To use decision making and problem solving skills	To be Developed by SEA	To be Developed by SEA			
			To be Developed by the LEA		

EMOTIONAL/SOCIAL EDUCATION

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To feel self-worth • To trust others • To recognize/accept consequences of one's own behaviors • To develop an accurate perception of reality • To recognize one's own emotions • To accept one's own strengths and weaknesses • To recognize the importance of communication skills • To recognize one's own beliefs and behaviors (values clarification) • To develop decision-making and problem-solving skills	← To be Developed by SEA →	← To be Developed by SEA →	← To be Developed by the LEA →		

CAREER EDUCATION

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To recognize/develop appropriate attitudes toward work and work roles	To be Developed by SEA	To be Developed by SEA			
• To develop/use decision-making and problem-solving skills appropriate for a work environment					
• To acquire behaviors required in a work environment					
• To develop an awareness of career information including occupational experiences to explore career options					
• To use educational experiences to explore options					
• To recognize economic needs		To be Developed by LEA			

DAILY LIVING AND SURVIVAL SKILLS

Early Childhood, Middle Childhood and Adolescent Education

Skills/Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
To develop an awareness of community resources To use community resources To recognize legal rights & responsibilities To develop and maintain interpersonal relationships To recognize and responsibly fulfill one's role in the family	To be Developed by SEA	To be Developed by SEA	To be Developed by LEA		

LEISURE SKILLS

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To recognize the importance of leisure time • To recognize the need for structuring leisure time • To be aware of suitable leisure opportunities • To be aware of one's own leisure, interest and abilities • To develop appropriate hobbies and special interests	↕ To be Developed by SEA	↕ To be Developed by SEA			
		← To be Developed by the LEA →			

SECTION IV

PROGRAM DELIVERY
FOR
BEHAVIOR DISORDERED
STUDENTS

Program delivery specifies the alternative methods, strategies and modifications to be considered when developing the Individualized Education Program (IEP) for a behavior disordered* learner. The student's IEP serves as the vehicle by which the curriculum structure defined by the Program of Study is delivered to behavior disordered learners.

The appropriate alternatives for an individual student are determined by the results of a multidisciplinary assessment and the learner's needs and abilities. No single alternative is appropriate for use with all behavior disordered learners. It is the Placement Advisory Committee's (PAC) responsibility to match the multidisciplinary assessment results and the learner's needs and abilities with the appropriate delivery model.

It is essential for all counties to provide a continuum of program delivery options in order to meet the needs of behavior disordered learners within the local school district.

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* Throughout this section, the terms behavior disordered or behavior disorders exclude those students who are identified as autistic or autistic-like. See Section VII Program Delivery for Autistic Students.

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
I. Regular Education (General and/or Vocational) with Modification (Full-time Placement in Regular Classroom)	Consultation	Ongoing communication between behavior disordered teacher/specialist and other persons involved in implementing the student's Individualized Education Program (IEP). (e.g., student, parent, regular education teacher, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and emotional/social development • Designated time for ongoing communication within the regularly scheduled day*

	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Contingency contracting
		  • Rewards such as praise, points, stars, designated privileges
		  • Peer tutoring when appropriate
		• Academic differential reinforcement
		  • Time-based rewards
		  • Task completion
		  • Contingency contracting
		  • Peer tutoring when appropraiate
		• Modeling
		• Extinction
		  • Ignoring inappropriate behavior unless the behavior is physically or or emotionally harmful or disruptive to others
		• Negative reinforcement
		  • Detention
		  • Exclusion from designated activities (e.g., loss of academic and/or social interaction with the group for a brief, specific period of time; loss of privileges)
		• Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom

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*In order for consultation to be used successfully provision for scheduled time is essential.

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Regular Education Program With Modification (cont.)	Selective Scheduling	Altering the school day to reflect individual needs of the behavior disordered learner • Consider student performance characteristics (e.g., time of day, learning style, physical disabilities/limitations, other health-related characteristics) • Match teaching style to learning style • Match school environment to learning style when appropriate/possible (e.g., transfer to another school if necessary/possible because of past behavioral and academic problems at home/school)
	Curricular Adapation	Modification(s) of instructional objectives, strategies, methods, materials, resources and criteria for evaluation to deliver learning outcomes as determined by the individual needs of the behavior disordered learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Supplement regular materials (e.g., provide study guide) • Instruction in curricular components (e.g., emotional/social education, leisure skills) which complements academic instruction
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Study carrel(s) • Structured, routine schedule • Preferential seating (e.g., away from traffic areas, windows, etc.; close proximity to teacher)

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
II. Regular Education Program With Resource Services (Part-time Resource Room and Part-time Regular Classroom Placement)	Consultation	Ongoing communication between behavior disordered teacher/specialist and other persons involved in implementing the student's IEP. (e.g., student, parent, regular education teacher(s), other special education teacher(s), counselor, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and emotional/social development • Designated time for ongoing communication within regularly scheduled day*
	Indiviudal Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior • Positive reinforcement for appropriate behavior • Contingency contracting • Token economy - frequent rewards (tangible, social, activity, intrinsic) • Peer tutoring when appropriate • Academic differential reinforcement • Time - based rewards • Task completion • Contingency contracting • Peer tutoring when appropriate • Modeling • Extinction • Over-practice • Ignoring • Negative rewarding • Negative reinforcement • Detention • Exclusion from designated activities • Time-out -- removal of individual from reinforcing events** • Removal from school** • Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom

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*In order for consultation to be used successfully provision of scheduled time is essential.

**See Section II Programmatic Definition 4.0 Instruction -- Behavioral Model

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Regular Education Program With Resource Services (cont.)	Selective Scheduling	Altering the school day to reflect individual needs of the behavior disordered learner • Consider student performance characteristics (e.g., time of day, learning style, physical disabilities/limitations, other health-related characteristics) • Match teaching style to learning style • Match school environment to learning style when appropriate/possible • Allow for crisis intervention when needed
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials, resources and criteria for evaluation to deliver learning outcomes as determined by the individual needs of the behavior disordered learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Supplement regular materials (e.g., provide study guide) • Provide additional materials/equipment as needed • Designated time (e.g., weekly, biweekly) for instruction in curricular components (e.g., emotional/social education, leisure skills) as well as that which complements academic instruction • Use of out-of-school resources
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Study carrel(s) • Structured, routine schedule • Preferential seating (e.g., away from traffic areas, windows, etc.; close proximity to teacher) • Partitions (e.g., special projects area, quiet area) • Designated time-out area**
	Team Teaching	Mutual responsibility of behavior disorders teacher and regular education teacher for instructing a single group of students in an area of study. One teacher's strength(s) should be used to complement the other teacher's strength(s).

**See Section II Programmatic Definition 4.0 Instruction -- Behavioral model.

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
III. Special Education Program: Self-Contained (Full-time Behavior Disorders Class Placement)	Consultation	Ongoing communication between behavior disordered teacher/specialist and other persons involved in implementing the student's IEP (e.g., student, parent regular education teacher(s), other special education teacher(s), paraprofessional, counselor, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and emotional/social development, modifications must be monitored frequently (e.g., daily basis) • Designated time for ongoing communication within regularly scheduled day*

	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Contingency Contracting
		  • Token economy -- frequent rewards (tangible, social, activity, intrinsic)
		  • Peer tutoring when appropriate
		• Academic differential reinforcement
		  • Time-based rewards
		  • Task completion
		  • Contingency contracting
		  • Peer tutoring when appropriate
		• Extinction
		  • Over-practice
		  • Ignoring
		  • Negative rewarding
		• Negative reinforcement
		  • Detention
		  • Over-correction
		  • Verbal reprimands
		  • Nonverbal behavior by teacher
		  • Exclusion from designated activities

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*In order for consultation to be used successfully provision for scheduled time is essential

**See Section II Programmatic Definition 4.0 Instruction -- Behavior Model

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special-Education Program: Self-Contained (cont.)	Individual Behavior Management Plan (cont.)	• Time-out -- removal of individual from reinforcing events** • Removal from school** • Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom • Life-space Interviewing*** • Reality Therapy*** • Passive Restraint****
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the behavior disordered learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Supplement regular materals (e.g., provide study guide) • Provide additional materials/equipment • Designated time (e.g., daily) for instruction in curricular components (e.g., emotional/social education, leisure skills) as well as that which complements academic instruction • Provide alternate curriculum as required by IEP • Use of out-of-school resources
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Study carrel(s) • Structured, routine schedule • Preferential seating (e.g., away from traffic areas, windows, etc.; close proximity to teacher) • Partitions (e.g., special projects area, reading area, games area, quiet area, etc.) • Time-out room **

**See Section II Programmatic Definiftion 4.0 Instruction -- Behavioral Model

***See Section II Programmatic Definition 4.0 Instruction -- Psycho-educational Model.

****See Section II Programmatic Definition 4.0 Instruction -- Passive Restraint

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS

Special Education Program: Self-Contained (cont.)	Provisions for Mainstreaming	Criteria to be considered and procedures to be followed for placing a behavior disordered student in a less restrictive environment
		• Examples of criteria for consideration include:
		  • Student level of performance on prerequisite skills in area of study to be considered for mainstreaming
		  • Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills
		  • Match of learning style to teaching style
		• Examples of procedures for a successful transition include:
		  • School Based Assistance Team (SBAT) determines if criteria has been met in order for student to be mainstreamed for a trial period
		  • Plan is designed detailing procedures for monitoring/evaluating student progress and support techniques to be used in less restrictive environment
		  • Based on evaluated progress in less restrictive environment, student is referred to Placement Advisory Committee (PAC) for consideration of change of placement or to (SBAT) for further intervention at the end of the trial period

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
IV. Special Education Program: Special School (Full-time placement in a day school (e.g., Alternative School)	Consultation	Ongoing communication between behavior disordered teacher/specialist and other persons involved in implementing the student's IEP (e.g., student, parent regular education teacher(s), other special education teacher(s), paraprofessional, counselor, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and emotional/social development, modifications must be moitored frequently (e.g., daily basis) • Designated time for ongoing communication within regularly scheduled day*

	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Contingency Contracting
		  • Token economy -- frequent rewards (tangible, social, activity intrinsic)
		  • Peer tutoring when appropriate
		• Academic different reinforcement
		  • Time-based rewards
		  • Task completion
		  • Contingency contracting
		  • Peer tutoring when appropriate
		• Extinction
		  • Over-practice
		  • Ignoring
		  • Negative rewarding
		• Negative reinforcement
		  • Detention
		  • Over-correction
		  • Verbal reprimands
		  • Non-verbal behavior by teacher
		  • Exclusion from designated activities

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*In order for consultation to be used successfully provision for scheduled time is essential.

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Special School (cont.)	Individual Behavior Management Plan (cont.)	• Time-out -- removal of individual from reinforcing events** • Removal from school** • Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom • Life-space Interviewing*** • Reality Therapy*** • Passive Restraint****
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the behavior disordered learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Supplement regular materials (e.g., provide study guide) • Provide additional materails/equipment • Designated time (e.g., daily) for instruction in curricular components (e.g., emotional/social education, leisure skills) as well as that which complements academic instruction • Provide alternate curriculum as required by IEP • Use of out-of-school resources
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Study Carrel(s) • Differental Scheduling (e.g., time, areas of study, etc.) based on individual student needs, interests and goals • Preferential seating (i.e., away from traffic areas, windows etc.; close proximity to teacher) • Partitioned areas and for for designated room (i.e., special projects, games, computers, etc.)

**See Section II Programmatic Definition 4.0 Instruction -- Behavioral Model

***See Section II Programmatic Definition 4.0 Instruction -- Psychoeducational Model

****See Section II Programmatic Definition 4.0 Instruction -- Passive Restraint

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Special School (cont.)	Environmental Adaptation (cont.)	o Time-out room**
	Provisions for Reentry into Regular School	Criteria to be considered and procedures to be followed for placing a behavior disordered student in a regular school o Examples of criteria for consideration include: o Student level of performance on specified prerequisite skills as determined for reentry into regular school o Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills o Match school environment to learning style when appropriate/possible o Example of procedures for a successful transition include: o School Based Assistance Team (SBAT) determines if criteria has been met ir order for student to return to regular school for trial period o Plan is designed detailing procedures for monitoring/evaluating student progress and support techniques to be used in less restrictive environment o Based on evaluated progress in less restrictive environment, student is referred to Placement Advisory Committee (PAC) for consideration of change of placement or to SBAT for further intervention at the end of the trial period

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**See Section II Programmatic Definition
4.0 INSTRUCTION - Behavioral Model

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
V. Special Education Program: Out-of-School Environment (Alternative Placement in a non-school environment; e.g., homebound instruction, hospital instruction, work-study program)	Consultation	Ongoing communication between behavior disordered teacher/specialist, student, parent, homebound instructor, counselor, psychologist, physician, appropriate community agency personnel and employer • Involves communication with regard to modification of academics, behavior and emotional/social development • Designated time within regularly scheduled day*
	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior* • Select strategies/techniques and design behavior management plan based on the situation/environment (e.g., hospital setting, work setting, etc.) as well as the individual needs of the behavior disordered learner
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the behavior disordered learner • Individualized instruction • Supplement regular materials (e.g., provide study guide) • Provide additional materials/equipment • Provide alternate curriculum/instruction as required by IEP (e.g., additional therapies) • Use of out-of-school resources if appropriate
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Work setting • Home setting • Hospital setting
	Provisions for Reentry into Regular or Special School	Criteria to be considered and procedures to be followed for returning a behavior disordered student to school • Examples of criteria for consideration include: • Student level of performance on specified prerequiste skills as determined for reentry into school

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*In order for consultation to be used successfully provision for scheduled time is essential.

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Out-of-School Environment (cont.)	Provisions for Reentry into Regular or Special School (cont.)	• Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills • Match school environment to learning style when appropriate/possible • Examples of procedures for a successful transition include: • Placement Advisory Committee (PAC) determines appropriate change of placement for student based on evaluated progress in more restrictive environment • Plan is designed detailing procedures for monitoring/evaluating student progress and support techniques to be used in less restrictive environment

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
VI. Special Education Program: Residential Facility (Placement in a twenty-four hour program, e.g., Correctional Facilities, Department of Health Facilities, Department of Human Services Facilities, Hospitals, other private facilities)	Consultation	Ongoing communication between residential facility personnel, local school district personnel, parent, student and appropriate community agency personnel • Involves communication with regard to modification of academics, behavior and emotional/social development. Modifications should be monitored on a twenty-four hour basis • Designated time within regularly scheduled day.*
	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behaviors and decrease or eliminate undesirable behaviors • Select strategies/techniques and design behavior management plan for the educational program to complement the behavior management plan for the twenty-four (24) hour residential program.
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the behavior disordered learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Supplement regular materals (e.g., provide study guide) • Provide additional materials/equipment • Designated time (e.g., daily) for instruction in curricular components (e.g., emotional/social education, leisure skills) as well as that which complements academic instruction • Provide alternate curriculum as required by IEP • Use of out-of-school resources if appropriate
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Study Carrel(s) • Differential Scheduling (e.g., time, areas of study, etc.) based on individual student needs, interests and goals

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*In order for consultation to be used successfully provision for scheduled time is essential.

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Residental Facility (cont.)	Environmental Adaptation (cont.)	• Preferential seating (e.g., away from traffic areas, windows, etc; close proximity to teacher) • Partitioned areas and for designated rooms (e.g., special projects, games, computers, etc.) • Time-out room**

	Provisions for Reentry into local school district	Criteria to be considered and procedures to be followed for placing a behavior disordered student in the local school district of the residential facility or for returning the behavior disordered student to his/her home school district
		• Examples of criteria for consideration include:
		  • Student level of performance on specified prerequisite skills as determined for reentry into regular school
		  • Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills
		  • Match school environment to learning style when appropriate/possible
		• Examples of procedures for a transition include:
		  • Referral by residential school staff to Placement Advisory Committee (PAC) in local school district or home school district
		  • PAC determines appropriate placement for student based on evaluated progress in more restrictive environment
		  • Plan is designed for monitoring/evaluating student progress and support techniques to be in less restrictive environment

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**See Section II Programmatic Definition 4.0 Instruction -- Behavior Model.

SECTION V

PROGRAMMATIC DEFINITION FOR THE EDUCATION OF AUTISTIC STUDENTS

PROGRAMMATIC DEFINITION FOR THE EDUCATION OF AUTISTIC STUDENTS

TABLE OF CONTENTS

PAGE

1.0 RATIONALE 1

   1.1 The Learner 2

   1.2 Philosophy 4

   1.3 Educational Goals 5

2.0 NEEDS ASSESSMENT 6

3.0 CURRICULUM 8

4.0 INSTRUCTION 13

5.0 PROGRAM STAFFING 22

6.0 PROGRAM MANAGEMENT 25

7.0 EVALUATION 28

8.0 COMMUNICATION 32

9.0 FACILITIES 33

10.0 FUNDING 34

BIBLIOGRAPHY 36

1.0 RATIONALE

"Non scholae, sed vitae."

- Latin proverb

(Not for school, but for life.)

As stated in the Programmatic Definitions for Early Childhood, Middle Childhood and Adolescent Education, children at each educational level require a unique and sensitive educational environment. In the state of West Virginia a number of students within the school population have been identified as autistic* and require specialized modifications of class placement, curriculum and instruction. Research indicates that the majority of autistic students have severe language, communication, social and academic deficits, which have been shown to decrease with early and appropriate intervention. Specialized programming, which is intense and ongoing, is critical if these students are to reach their maximal potential.

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* Throughout this document, autistic also refers to autistic-like

1.1 The Learner

Autistic students have unique needs, characteristics and abilities that dictate special educational services. The eligibility criteria for placement in an autistic program, as outlined in the Regulations for the Education of Exceptional Students, require documentation that a student exhibits an autistic condition which is manifested by severe communication and educational problems.* While not all autistic students will possess all of these symptoms, which may appear separately or in combination, each student may exhibit many of the following symptoms which are sufficient in duration, frequency and intensity to call attention to the need for intervention which will ensure his/her educational success.

- Failure to Relate to Other People
  fails to form emotional attachments to significant people in the environment; typically treats people as objects

- Impaired or Delayed Language Acquisition and Comprehension
  is sometimes mute; has echolalia (immediate and delayed); has immature grammar, pronoun reversals; has difficulty with abstract concepts; has speech which appears flat and/or seems to lack communicative intent

- Obsessive, Ritualistic Behavior
  exhibits profound resistance to change in the environment or in normal routines

* See Section IX Recommendations 1.1

- Sensory Dysfunction

  exhibits under or overresponsiveness to touch, sight, sound taste and/or smell; seems to be hyper or hyposenstive to his/her surroundings. Examples of overresponsiveness include becoming highly upset when a vaccuum cleaner is running, an elevator is moving or someone is wearing a certain color of clothing. A common example of underresponsiveness is an apparent insensitivity to painful stimuli such as pulling out own eyelashes and headbanging.

- Inappropriate and/or Flat Affect

  lacks facial expression; may exhibit inappropriate laughter, giggling, crying

- Stereotyped, Repetitive Self-Stimulatory Behaviors

  exhibits odd and/or sustained limb and body movements such as finger-flicking, flipping or spinning objects; body rocking

- Failure to Develop Appropriate Play

  exhibits inappropriate interaction with toys; lack spontaneous development of social play

- Aggressiveness

  displays inappropriate physical aggression towards self, others and objects; has tantrums

1.2 Philosophy

Education for autistic learners is based upon the assumption that the student must be valued as a unique individual and that each student must be assured the opportunity to develop to his/her maximum potential by providing a free, appropriate public education in accordance with his or her developmental levels.

By virtue of their impairment, autistic students share certain characteristics, yet their very uniqueness dictates an individualized program for academic and social growth. The autistic student has the potential to achieve in school at a rate commensurate with his or her intellectual level; therefore, educational programs for autistic students must provide a broad range of opportunities which include special methods in addition to normal educational procedures and extracurricular environments.

Autistic students are to be educated in the least restrictive environment which affords the optimal opportunity for intellectual and social development. Whenever appropriate, mainstreaming with chronological age peers is the ultimate goal.

In order to enhance the total development of the autistic student, early intervention is necessary; however, beyond any specific approach, the most crucial factor in a successful program at all educational levels is the personal investment school personnel and parents make to autistic students. This concern will be demonstrated as school personnel and parents assume the roles of advocate and facilitator of these students' individualized programs and will constitute a powerful impetus for growth. For autistic students it is imperative that school personnel, parents, students (when appropriate) and the community collaborate to provide appropriate educational services.

1.3 Educational Goals

The goal of an autism program is to provide the instruction and assistance necessary to provide developmental progress through an approved program of study.

The autism program includes the following major components: behavior management, language and communication training, academic instruction, daily living skills, career education and leisure skills.

Because of the unique nature of the autistic student, the educational program should include all of the goals listed in the Programmatic Definitions for Early Childhood, Middle Childhood and Adolescent Education; however, the ranked order should reflect the autistic student's individual and developmental needs.

Additionally, the autism program should be structured so that the student:

- develops appropriate internal controls;
- generalizes and maintains skills appropriate to life situations.

271

2.0 NEEDS ASSESSMENT

The needs assessment process for the education of autistic students specifies the goals and objectives a program should achieve and determines how well those goals and objectives are being achieved. The purpose is to identify discrepancies that exist between desired goals and objectives and existing programs. Each discrepancy identifies a need.

Individual raters involved in the needs assessment process should be selected on the basis of their educational expertise, commitment and experience. Broad representation of teachers of the autistic student, parents, students (if appropriate), community agencies, school board members, programmatic area curriculum experts, principals and other professional educators and administrators should be included in the rating process.

As goals, discrepancies and priorities change with time, it is essential that an ongoing needs assessment be an integral part of the educational program.

A needs assessment process should include the following components:

- Specification of desirable goals and objectives
    - It is important for these goals and objectives to reflect local, state and national issues and concerns, identified learner needs and the concerns of parents and other interested individuals and groups. A broad representation of the education community must be used in the formation of such goals and objectives. (See Appendix A for a listing of federal and state legislation and policies, relevant publications and professional/parent organizations.)

- Determination of the relative importance of the goals and objectives through a rating process
    - This process will assist those persons involved with the needs assessment to set priorities for the goals and objectives of the program.
- Assessment of the degree of discrepancy between program goals and objectives and the degree of attainment
    - Particular attention should be given to objectives which have received high ratings and which have demonstrated that present levels of attainment are substantially below desired levels.
- Determination of discrepancies which are most important to address
    - Subsequent decisions should be made which prioritize the identified needs. These needs will serve as focal points for the assessment of future program goals and objectives.

3.0 CURRICULUM GOALS

In order to program for autistic children, teachers must be willing and able to design educational plans for individual students, to change and modify these plans as the children develop and to plan for experiences that promote social, emotional and cognitive growth (Paul, p. 302). Emphasis should be placed on techniques for managing behavior, coping with motivational forces, providing remedial instruction in relevant academic areas and systematically teaching and promoting generalization and maintenance skills.

Unlike other children who attain skills in sequence, autistic students often exhibit uneven or "splinter" skill development. Consideration of this "splinter" skill concept is essential when programming for autistic learners in order to provide a curriculum that is functional, veritable and chronologically appropriate. Ultimately, the use of such a curriculum will result in an increase in independent functioning.

In order to allow optimal growth and development, the goal of education for autistic students must address cognitive and affective learning. However, cognitive learning is not likely to occur until the behavior problems of these students are addressed through behavior management and language and communication training. Therefore, it is essential that behavioral, affective and cognitive learning goals be established for each student while realizing that the attainment of goals in one area of learning will not necessarily assure success in the other areas.

The effectiveness of the educational program for an autistic learner will be greatly influenced by the relationship between the teacher, parent and child. Consideration must be given to parental input and training when implementing a curriculum for autistic students.

Autistic students are developmentally delayed and/or exhibit an interruption in the affective domain and do not acquire socialization through an incidental learning process to the degree found in normal children. Consequently, the curriculum should first contain components for behavior management and language and communication training. Additional curricular components should include modifications of general academic education, daily living skills, career education and leisure skills. To allow the autistic learner to achieve to his/her maximal potential, intervention at the early childhood level is critical.

Behavioral Management is the process of altering an individual's behavior which results in an increase in desirable behavior and a decrease or elimination of undesirable behaviors. Following are goals of behavior management for autistic students:

- to control impulses
- to communicate appropriately
- to express emotions, desires and needs appropriately
- to interact appropriately with peers and adults
- to utilize appropriate behavior in varied environments.

Language and Communication refer to the ability to express one's needs, desires and feelings as well as the ability to relate to others. Appropriate communication skills are essential to promote emotional, social and cognitive growth. Whether the communication is verbal or nonverbal, the acquisition language and communication skills are crucial in all aspects of training for an autistic learner. Teaching these skills in isolation is necessary; however, emphasis must be placed on situational training for communication to be effective. Following are goals of language and communication training:

- to acquire concept development
- to develop an expressive vocabulary
- to develop a receptive vocabulary
- to appropriately respond to questions
- to ask appropriate questions
- to develop and use appropriate social expressions and interactions
- to use conversational turn-taking skills
- to develop matching skills
- to develop imitation skills
- to use situational articulation and syntax.

Modifications of General Academic Education refer to appropriate changes in the academic programs of study which are made based upon the individual needs of the learner. These modifications can be addressed through implementation of a variety of techniques, instructional strategies, materials, resources and evaluation.

Daily Living Skills refer to the autistic learner's ability to cope with the demands of daily living. Following are goals for daily living skills for autistic students:

- to develop self-help skills (e.g., dressing, toileting, feeding, personal hygiene, etc.)
- to develop psychomotor skills (e.g., gross motor skills, fine motor skills, etc.)

- to develop domestic skills (e.g., meal preparation, vacuuming, dishwashing, etc.)
- to independently use community resources, when appropriate (e.g., public transportation, stores, parks, restaurants, telephones, etc.)
- to recognize legal rights and responsibilities (e.g., destruction of property, stealing, harming others, etc.)
- to be aware of and use safety procedures (e.g., crossing streets, touching objects that are hot, etc.).

Career Education is the totality of experiences through which one learns to work. It is a developmental, sequential and cumulative process, an aggregate of cognitive, affective and psychomotor skills. Career development must focus on the totality of the autistic learner's competencies as well as specific technical competencies. Education in this area must extend from preschool through the adult years because an autistic student's behaviors develop early and are more easily modified during this time. Following are goals of career education for autistic students:

- to acquire behaviors required in a work environment
- to develop and use decision-making and problem-solving skills appropriate for a work environment
- to be afforded the opportunity to develop technical skills for specific work roles
- to be assisted in the transition from school to work.

The curriculum should reflect an opportunity to learn entry and maintenance level skills in all areas.

Leisure Skills refer to the ability to constructively use one's free time. Autistic individuals typically use leisure time in-appropriately (e.g., isolating themselves or demanding constant attention, etc.). They often lack appropriate interaction skills with people and toys. Autistic students usually do not acquire leisure skills through incidental learning; thus, the curriculum for these students must be structured to afford the opportunity for the development of leisure skills by including the following goals:

- to develop leisure awareness
- to develop appropriate independent hobbies and special interests
- to make choices
- to participate in activities that include more than one person.

4.0 INSTRUCTION

The Individualized Education Program (IEP) is the central educational document for the autistic learner's total education and serves as the outline for instruction. It should reflect the curricular components by addressing the appropriate learning outcomes as determined for each student. Instruction is the process of implementing the educational plan which has been individualized for the student.

In many instances learning outcomes, materials and resources in regular education will not be appropriate to meet of the various needs of the autistic learner. The individuality and uniqueness of each autistic student precludes selection of predetermined materials and resources to achieve learning outcomes. An adaptation/modification of materials, resources, strategies, and evaluation including experiential techniques such as field trips, exposure to resource individuals and hands-on activities may be required to satisfy some of the learner's needs. A wide variety of these elements of instruction should be available to meet the myriad of learning experiences necessary to promote and develop generalization and maintenance skills to ensure success and independence, for autistic students.

Learning Alternatives

Students eligible for placement in a program for autistic students will be provided an Individualized Education Program (IEP) in the least restrictive environment appropriate to meet their needs. The alternatives are described in the West Virginia Regulations for the Education of Exceptional Students which must be available to each student. However, due to the severity of language, communication, behavioral and educational impairments exhibited by many autistic students the learning alternative, regular education with modification generally is not recommended by the Placement Advisory Committee (PAC). Because this type of program alternative is relatively new when considering educational placement for autistic learners, there is little research to support regular education with modification as least restrictive for most of these students. However, an autistic student should be provided the opportunity to be placed in such an alternative if the PAC determines that regular education with modification is appropriate in response to the needs and abilities of the autistic individual.

As described in the Regulations for the Education of Exceptional Students, the alternatives are as follows:

- Regular Education Program (General and/or Vocational) with Modification (Full-time Placement in Regular Classroom)
    - consultation
    - selective scheduling
    - individual behavior management plan
    - curricular adaptation
    - environmental adaptation

- Regular Education Program (General and/or Vocational) with Resource Services (Part-time Resource Room and Part-time Regular Classroom Placement)
    - consultation
    - selective scheduling
    - individual behavior management plan
    - curricular adaptation
    - environmental adaptation
    - team teaching
- Special Education Program: Self-Contained (Full-time Placement in a Class for Austistic Students)
    - individual behavior management plan
    - curricular adaptation
    - environmental adaptation
    - provisions for mainstreaming
    - consultation
- Special Education Program: Special School (Placement in a Day School, e.g., Alternative School)
    - consultation
    - individual behavior management plan
    - curricular adaptation
    - environmental adapation
    - provisions for reentry into regular school
- Special Education Program: Out-of-School Environment (Alternative Placement in a Non-school Environment; e.g., homebound instruction*, hospital instruction, work-study program)

*Efforts should be made to use homebound instruction only on a temporary basis, returning the student to an in-school program as soon as possible.

  - consultation
  - individual behavior management plan
  - curricular adaptation
  - environmental adaptation
  - provisions for reentry into regular or special school
- Special Education Program: Residential Facility (Placement in a twenty-four hour program, e.g., Department of Health Facilities, Department of Human Services Facilities, hospitals, private facilities)
  - consultation
  - individual behavior management plan
  - curricular adaptation
  - environmental adaptation
  - provisions for reentry into local school district

The most appropriate placement for an autistic learner is determined by the results of a multidisciplinary assessment and the needs and abilities of the individual student. It is the responsibility of the PAC to match the multidisciplinary assessment results and the learner's needs and abilities with the appropriate placement configuration. Because there is no existing data to clearly designate a particular placement as the most expedient, determination of placement relies on the committee's professional judgment. However, there are a variety of intervention strategies that are effective in developing appropriate skills in the autistic learner's cognitive, affective and psychomotor domains. These interventions are adapted within the particular curriculum and placement to suit the needs of the autistic learner.

The needs of individual autistic students and available resources of school systems vary. Considering these needs and resources, the following may be used by educators:

- consultation
  - communication between all persons involved in the student's total education program
- parental involvement
- direct instruction
- modeling
- intrusion activities
- positive reinforcement
  - social, tangible, activity and/or intrinsic rewards
- differential reinforcement
  - time-based rewards, task completion, etc.
- extinction
  - over-practice, ignoring, negative consequences
- negative reinforcement
  - detention, over-correction, verbal reprimands, nonverbal behavior by teacher, exclusion from selected activities, other approved aversive stimuli
  - when other more intrusive aversives are potential strategies:
    - all reasonable positive alternatives should first be considered (documentation is desirable)
    - only written approved procedures should be used
    - there must be compliance with civil and human rights of the individual
    - they should be incorporated as a component of the IEP

  - in an emergency other more intrusive aversives must be given authorization by parent/guardian and supervisor and procedures must be documented.
- time-out (see Appendix C)
  - Time-out refers to removing an individual from reinforcing events, following the principle that no one may violate the rights of others through a loss of control. This technique provides the necessary time for a child to regain control over his/her own behavior. Time-out may be utilized in a variety of ways according to the severity of offense, teacher preference and availability. Typical methods may include:
    - designated area within the classroom
    - a specific room constructed for a time-out area. (If this method is used, the room must comply with West Virginia Board of Education Policy, State fire marshall regulations and local boards of education policy.)

When time-out is a potential strategy for the individual student, it should be incorporated as a component of the IEP.

  - removal from school
    - When the PAC determines removal from school for a brief period to be a potential strategy for use with an individual autistic student, it must be incorporated as a component of the IEP. However, documented alternative methods must be exhausted before removal from school is used as a means of managing the student's behavior. When removal from school is not specified in the IEP for an autistic student, it may be implemented when it is the only viable alternative to

assure the safety and protection of the student and/or others and to ensure the security of the classroom and/or school environment. In such an instance, when a student is a danger to himself/herself and/or others, suspension should be considered as an emergency and temporary alternative and a PAC meeting should be convened as soon thereafter as possible. (See Section I Study of Studies for Behavior Disorders, Court Cases)

The previous examples of strategies may be used for both instruction and management of behavior. However, at times it may be necessary to use passive restraint. Passive restraint (see bibliography) may be employed in violent or potentially violent situations. The following recommendations are provided:

- Teachers should receive formal training in passive restraint techniques.
- The conditions under which passive restraint should be used are:
    - student violence toward self
    - student violence towards other students
    - student violence towards adults
    - student violence towards property
    - refusal to accept consequences: e.g., refusal to leave playground, refusal to accept time-out, refusal to report to or leave designated area.
- Considerations should be given to the following:
    - county policy
    - state regulations
    - court decisions
    - local Human Rights Committee concerns

- When possible, two adults should be present for the implementation of passive restraint.
- Incidences of passive restraint should be documented in terms of who administered it, time, duration, other participants, antecedent events and location.
- When passive restraint is a potential strategy for an individual student, it should be incorporated as a component of the IEP.
- Network of community services
    - communication between personnel (who are knowledgeable in the area of severe behavior disorders, particularly autism) from a variety of agencies and professions that may have direct or indirect contact with the autistic learner, parents and/or teacher (e.g., contact with physician regarding effects of prescribed medication, etc.)

Learning Environment

An appropriate program for the autistic learner must be conducted in an atmosphere that allows for flexibility and encourages individual social and academic growth by systematically teaching and promoting generalization and maintenance skills. By capitalizing on his/her strengths, the teacher establishes a classroom structure that provides for an optimal learning environment which should be:

- adapted to the specific learning styles of the autistic students
- well-planned
- safe and secure
- highly and appropriately structured
- appropriately equipped
- consistent in expectations and consequences

- success oriented
- caring

A positive flow of communication among all school personnel plays an integral role in facilitating the success of the autistic learner's educational program. It is essential that the autistic classroom be considered an equal part of the total school setting and, as such, autistic students' participation in school activities should be encouraged. (See Appendix D)

5.0 PROGRAM STAFFING

The instructional program for autistic students must be a joint effort by the educational staff and requires a total school involvement in the education of these students.

When an autistic student is mainstreamed, the regular education/behavior program must be modified, if necessary, in accordance with the student's identified abilities, needs and goals. This requires that regular classroom teachers also participate in the delivery of the instructional/behavioral program for the autistic student.

Instruction in the behavior disordered classroom for autistic students will be conducted by professional personnel certified in an approved teacher education program for behavior disorders which includes autism. Additionally, it is essential that such persons have a desire and enthusiasm to teach autistic students. The role of the teacher of autistic students is to facilitate and implement the individualized education/behavior program as well as provide direct, appropriate instruction for the student.

Teachers working with the autistic students must be competent in the following:

- knowledge and recognition of the special abilities and characteristics of autistic students
- knowledge and use of the behavior management techniques appropriate for individual autistic students
- knowledge and application of appropriate communication systems for autistic students
- ability to facilitate parental involvement in the behavior management plan

- ability to deal effectively with the stress of an emotionally charged environment of an autistic classroom by possessing and maintaining superior emotional stability
- knowledge and use of educational techniques, strategies and methods, including instructional skills related to social development, appropriate for instructing autistic students
- ability to administer and interpret appropriate assessment instruments
- knowledge of federal and state legislation, policies and regulations relating to the autistic student
- knowledge of related programs, services, agencies and community resources available to provide services to autistic students
- knowledge and use of areas of study and learning outcomes appropriate for individual autistic students.

All school personnel working with the autistic student (e.g., special education teacher, regular teacher, speech/language therapist, classroom aide, bus drivers/aides, principal, school psychologist, guidance counselor, etc.) must recognize the special needs and characteristics of the autistic student in order to enhance the student's education. This information is to be provided through staff development programs that deal with the specifics of the education of the autistic student. These programs should provide training for the appropriate personnel in the following:

- knowledge and use of educational techniques, strategies and methods appropriate for instructing the autistic student

- knowledge and use of appropriate behavior management techniques for dealing with autistic students (e.g., formal training in passive restraint techniques)
- development of strategies to coordinate the program for autistic students with the regular class, when appropriate
- modification of program practices through the use of evaluation data
- ability to exchange ideas and information that relate to all aspects of the instructional/behavioral program for the autistic student.

Procedures must be established for the selection of appropriate personnel for the autistic program. All personnel who work with autistic students must be selected on the basis of their ability, competence and desire to carry out the goals and objectives of the program. Roles and responsibilities for all those involved in the education of the autistic student must be clearly defined.

6.0 PROGRAM MANAGEMENT

Program management is the process by which the educational program for autistic students is planned, organized, coordinated and evaluated. Components of program management include:

I. Individual Student Program

The first step in the development of programs for individual students is the identification process. This process identifies students and analyzes their academic, affective and behavioral strengths and weaknesses. Criteria for eligibility for an autistic program are established in the Regulations for the Education of Exceptional Students. These regulations detail the method by which this decision is determined. The multidisciplinary assessment team must include members from a variety of disciplines and a variety of behavioral, educational and psychological evaluations must be given to referred students. In addition to the behavioral assessment conducted by the school psychologist, a behavioral assessment should be completed by a professional certified in the area of behavior disorders including autism and the student's teacher. Research indicates that a more comprehensive evaluation is achieved when this type of assessment is utilized. (See Appendix E)

The second step includes a Placement Advisory Committee (PAC) meeting for the purposes of:

- identifying goals based on multidisciplinary assessment
- setting implementation objectives

- determining a system for evaluating the progress toward meeting these goals
- prescribing a process of transition to reenter the mainstream, if appropriate
- writing the above in an IEP for the student.

It is essential that the PAC be appropriately staffed as outlined in the Regulations for the Education for Exceptional Students and that parents be encouraged, as well as afforded, the opportunity to participate in the meeting. The final decision concerning the student's placement in the program must be a joint decision by those individuals included on the PAC with input from each member equally considered.

The third step is implementation of the plan developed by the PAC.

The fourth step is reevaluation and amendment of the plan developed by the PAC.

II. School/County Program

The overall school and county program for autistic students must be managed in such a way as to provide maximum opportunity for each student to successfully meet the goals and objectives of the IEP. At the school level, the responsibility for program management resides with the building principal whose active support is essential to ensure a successful education for the autistic student. The principal also serves as a liaison between the school and county administration implementing the county policy as it relates to the Program for Autistic Students. The local education agency has a responsibility and is accountable for the provision and appropriateness of educational programs for autistic students. The program management system should consist of the following:

- a statement of mission for the program, based on the characteristics of autistic students and the Programmatic Definition for the Education of Autistic Students;
- administration of an initial needs assessment to determine goals and objectives in providing opportunities for autistic students;
- identification of goals for the autism program, reviewed and updated at least annually;
- establishment of implementation objectives necessary to reach the goals; and
- an evaluation system and continuous needs assessment for analyzing how successfully the goals are being met and for planning of future program goals.

Attention should be given to the interests and concerns of the community, the cultural and socio-economic make-up of the community and functional academic, behavioral and social achievement.

III. The State Program

The state shall establish a management system for the statewide program for autistic students.

7.0 EVALUATION

Evaluation is a systematic process of collecting and analyzing information to determine the extent of achievement of affective, behavioral and cognitive goals and objectives. Properly implemented systems of evaluation will enhance student and program progress, professional development, program management and curriculum design and implementation. An evaluation model should be developed to provide professional staff with data for logical and systematic decision making and to ensure accountable expenditure of school funding. Information derived from evaluations should be used to improve the educational program for the autistic learner. Evaluation components should include the following:

I. Student Evaluation

Goals and objectives which address the curricular components applicable to the individual student's learning outcomes are established in the Individualized Education Program (IEP). A variety of methods and techniques is used to evaluate the progress of the autistic student.

Evaluation techniques and instruments should include criterion reference tests, sociometrics, interviews, checklists, rating scales, anecdotal records, observational techniques and other appropriate educational, psychological and medical assessment instruments. By using a variety of testing techniques and/or instruments, a more comprehensive evaluation of learner progress can be obtained. Ongoing, data-based behavioral assessment is an essential element in evaluating the progress of the autistic student.

Data collected from this evaluation of progress is important in maintaining areas of strengths, overcoming learning difficulties and selecting future learning experiences and behavior management methods.

II. Program Evaluation

Program evaluation is necessary to ensure the program is adjusted to best meet the needs of those students who are autistic.

Planned evaluation methods will assist the professional staff in determining the extent of learner achievement, effectiveness of the teaching strategies, materials, resources and instructional objectives of the IEP. An ongoing comprehensive program evaluation can also provide information concerning progress in achieving the goals and objectives of the educational program. This information should identify strengths and weaknesses in the curriculum for autism and provide an information base from which administrative decisions can be made relative to the learner, staff, curriculum and funding. An evaluation model will consist of the following components:

- needs assessments: This involves stating the goals and objectives to be met and determining how the existing educational program is meeting these objectives. This information is used to identify the needs of the autistic individual's educational/behavioral program.
- program design: This is the planning and development of the programs tools (techniques and instruments) to aid in planning decisions. It includes the procedures needed for assessing whether the program is operating as planned and how well it is achieving its objectives.

- implementation evaluation: This is a process of monitoring the extent to which each component of the programmatic definition has been implemented.
- progress evaluation: This provides information about the progress of the program's components to achieve the program's objectives. The information is used to modify the program as deemed necessary.
- outcome evaluation: This provides information about the success of the entire educational/behavioral program for autistic students. This information can support a decision to maintain, modify, expand or discontinue the program.

III. Evaluation Standards

- evaluation standards to be established at the state, county, school and learner levels
- evaluation efforts to be organized around the development and/or implementation of the educational goals and objectives
- a full range of evaluation activities to be implemented to collect data for making decisions about all aspects of program components related to adequacy, effectiveness and efficiency
- a comparison of desired educational goals and objectives to be compared with evaluation results to obtain information required for a program needs assessment
- an analysis of the ongoing program activities to be conducted in order to determine the extent to which objectives are achieved and to determine necessary revisions

- continuous monitoring of various phases of implementation in order to ascertain the degree to which proposed objectives are met
- an assessment of the autism program outcomes to determine the program's contribution to the success of the entire school program
- an assessment of the entire school program to determine its contribution to the success of the program for autistic students
- emphasis placed on the validity, reliability and norms of instruments used in the evaluation process
- information from the assessments to be used to support decisions about whether to continue, modify, expand and/or discontinue specific program components.

8.0 COMMUNICATION

The ultimate goal of communication is to establish and maintain dissemination and interactive communication procedures that both inform and elicit feedback. Parents, educators, the community and the students (if appropriate) should all be informed and involved in all phases of education for autistic learners.

Communication among all persons connected with the education of autistic students is essential if these exceptional learners are to be provided the best possible education. This includes all persons directly involved with the student. There must be:

- communication between the parent(s) of the autistic student and the teacher of autistic students as well as all other professional personnel who work with the student;
- communication between all professional personnel who work with the autistic student--especially between the teacher of autistic students, the speech/language therapist and the regular classroom teacher (when appropriate);
- communication between school, legal, medical and other applicable community agencies in regard to the goals of the autism program and how these agencies can assist in reaching these goals.

Only when all of those involved in the autistic program maintain close communication and cooperation will the autistic student develop to his/her potential.

298

9.0 FACILITIES

Educational facilities must provide the atmosphere, materials and equipment needed to enable each child to achieve the goals and objectives as stated in his/her Individualized Education Program (IEP). A basis for consideration of these facilities is defined in the Handbook on Planning School Facilities.

Appropriate facilities for the education of autistic students:

- provide adequate heating and ventilation;
- provide acoustical equipment and carpeting that eliminate excessive noise and adequate nonflourescent lighting that reduces distractability;
- eliminate safety hazards by providing plexiglass windows, covers for electrical outlets and stationary or heavy furniture;
- provide physical space within the autism classroom to allow for the use of various management techniques such as time-out, individual learning carrels, classroom dividers, etc.;
- provide for classroom location in low traffic and low noise area;
- provide equipment that may be necessary for learning and progress, (e.g., two-way mirror, two-way intercom, learning carrels, classroom dividers, window blinds, restroom, wash sinks and time out area) and
- provide adequate storage space.

10.0 FUNDING

Adequate funding must be provided to meet the affective, behavioral and cognitive curricular and instructional needs of each autistic student, including but not limited to, funds allocated for those students who are identified as autistic.

In addition to employing personnel who provide direct special services to students, these funds should also be utilized to:

- purchase materials, equipment and reinforcers that are necessary to implement the goals and objectives of the Individualized Education Program (IEP);
- provide transportation to and from special schools, special programs, educational excursions and other activities designated by the IEP and/or relevant to the student's educational and/or behavioral program;
- provide appropriate facilities;
- provide related services as designated by the IEP (e.g., additional therapies, etc.);
- provide for training of all school personnel working with autistic students through staff development programs;
- provide the opportunity for training of parent(s) to assist in the home implementation of the behavior management plan that is currently being used in the classroom for his/her child;
- provide teachers of autistic students the opportunity to participate in stress management seminars, counseling and/or therapy in order to maintain superior emotional stability; and

- provide opportunities for teachers of autistic students to attend relevant workshops, seminars and/or conferences in order to remain current in the field of autism and to exchange information.

A37/4

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G2/D3

SECTION VI

PROGRAM OF STUDY
FOR
AUTISTIC STUDENTS

The Program of Study for Autistic Students is the curriculum sequence which constitutes the subject matter to be offered to these students in the schools of West Virginia. Learning outcomes are measurable descriptions of the knowledge, skills and/or attitudes that the student is expected to acquire within the Program of Study.

There are six components in the Program of Study for Autistic Students:

I. Behavior Management
II. Language and Communication Training
III. Academic Instruction/Learning Outcomes
IV. Career Education
V. Leisure Skills
VI. Daily Living Skills

The learning outcomes in each component must be appropriate to the autistic student's developmental level. This requires a skills continuum which allows students to work at their appropriate place on the continuum. The learning outcomes must also consider the varying characteristics of students at each developmental stage: early childhood education, middle childhood education and adolescent education.

Based on individual needs of the learner, consideration must be given to each curricular component when developing the Individualized Education Program (IEP) to provide an appropriate curriculum for autistic students.

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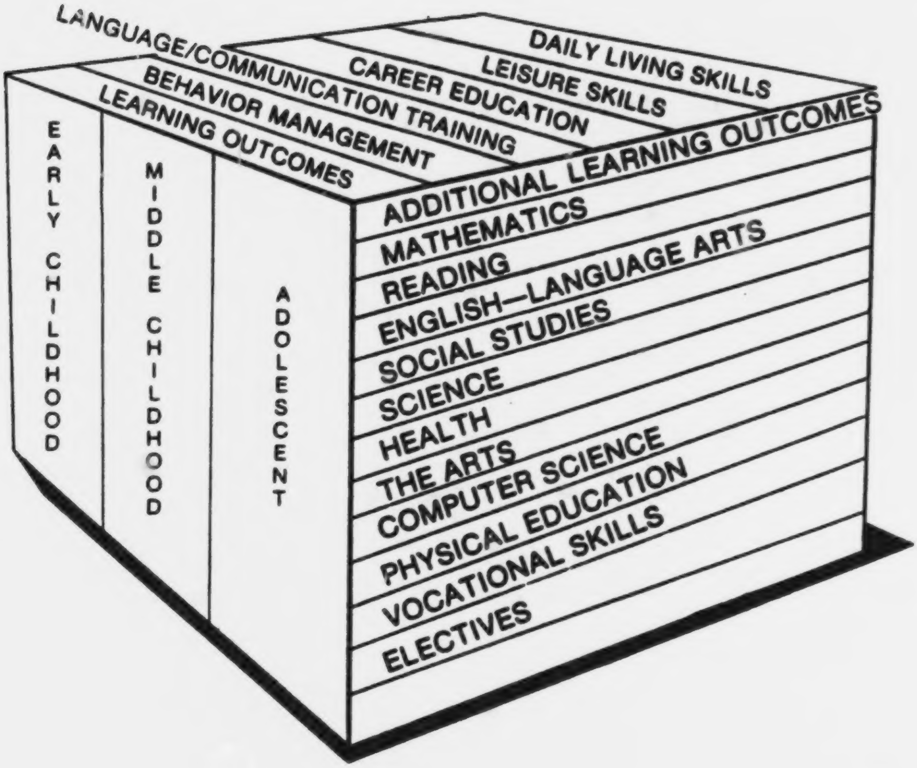
CURRICULUM MODEL: AUTISM


LANGUAGE/COMMUNICATION TRAINING
BEHAVIOR MANAGEMENT
LEARNING OUTCOMES
CAREER EDUCATION
LEISURE SKILLS
DAILY LIVING SKILLS
EARLY CHILDHOOD
MIDDLE CHILDHOOD
ADOLESCENT
ADDITIONAL LEARNING OUTCOMES
MATHEMATICS
READING
ENGLISH—LANGUAGE ARTS
SOCIAL STUDIES
SCIENCE
HEALTH
THE ARTS
COMPUTER SCIENCE
PHYSICAL EDUCATION
VOCATIONAL SKILLS
ELECTIVES

CONCEPTS

The additional learning outcomes for autism can be delivered as a portion of a general education program of study (i.e. basic addition, subtraction) or as a part of the program of study for autism (i.e. behavior management). All learning outcomes are delivered within the programmatic levels of early childhood education, middle childhood education and adolescent education.

MODIFICATIONS FOR LEARNING OUTCOMES

Vocational and General Academic Education

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Modified Learning Objective	Activities	Media	Evaluation
↕ Developed by SEA	↕ Developed by SEA	↕ To be Developed by SEA			
		← To be Developed by LEA			→

*Initially a determination must be made of whether or not a student will be able to achieve the learning outcome. If it is decided that the student will be able to achieve the learning outcome, it must then be determined whether or not he/she will be able to achieve it with or without modification.

*SEA - State Education Agency

*LEA - Local Education Agency

BEHAVIOR MANAGEMENT

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To control impulses • To communicate appropriately • To express emotions, desires and needs appropriately • To interact appropriately with peers and adults • To utilize appropriate behavior in varied environments	To be Developed by SEA	To be Developed by SEA	To be Developed by the LEA		

LANGUAGE AND COMMUNICATION TRAINING

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To acquire concept development	To be Developed by SEA	To be Developed by SEA	To be Developed by the LEA		
• To develop an expressive vocabulary					
• To develop a receptive vocabulary					
• To appropriately respond to questions					
• To ask appropriate questions					
• To develop and use appropriate social expressions and interactions					
• To use conversational turn-taking skills					
• To develop matching skills					

LANGUAGE AND COMMUNICATION TRAINING

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
(continued) • To develop imitation skills • To use situational articulation and syntax	To be Developed by SEA	To be Developed by SEA	To be Developed by the LEA		

CAREER EDUCATION

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To acquire behaviors required in a work environment • To develop/use decision-making and problem-solving skills appropriate for a work environment • To be afforded the opportunity to develop technical skills for specific work roles • To be assisted in the transition from school to work	To be developed by SEA	To be developed by SEA To be developed by the LEA			

DAILY LIVING SKILLS

Early Childhood, Middle Childhood and Adolescent Education

Skills/Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To develop self-help skills (e.g., dressing, toileting, feeding, hygiene, etc.) • To develop psychomotor skills (e.g., gross motor skills, fine motor skills, etc.) • To develop domestic skills (e.g., meal preparation, vacuuming, dishwashing, etc.) • To independently use community resources when appropriate (e.g., public transportation, stores, parks, restaurants, telephones, etc.)	↕ To be developed by SEA	↕ To be developed by SEA	← To be developed by the LEA →		

DAILY LIVING SKILLS

Early Childhood, Middle Childhood and Adolescent Education

Skills/Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
(cont'd) • To be aware of and use safety procedures (e.g., crossing streets, touching objects that are hot, etc.) • To recognize legal rights and responsibilities (e.g., destruction of property, stealing, harming others, etc.)	To be developed by SEA	To be developed by SEA	To be developed by the LEA		

LEISURE SKILLS

Early Childhood, Middle Childhood and Adolescent Education

Concept	Learning Outcome	Sample Learning Objective	Activities	Media	Evaluation
• To develop leisure awareness • To develop appropriate independant hobbies and special interests • To make choices • To participate in activities that include more than one person	To be Developed by SEA	To be Developed by SEA	To be Developed by the LEA		

SECTION VII

PROGRAM DELIVERY
FOR
AUTISTIC STUDENTS

Program delivery specifies the alternative methods, strategies and modifications to be considered when developing the Individualized Education Program (IEP) for an autistic learner. The student's IEP serves as the vehicle by which the curriculum structure defined by the Program of Study is delivered to autistic learners.

The appropriate alternatives for an individual student are determined by the results of a multidisciplinary assessment and the learner's needs and abilities. No single alternative is appropriate for use with all autistic learners. It is the Placement Advisory Committee's (PAC) responsibility to match the multidisciplinary assessment results and the learner's needs and abilities with the appropriate delivery model.

It is essential for all counties to provide a continuum of program delivery options in order to meet the needs of autistic learners within the local school district.

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ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
I. Regular Education (General and/or Vocational) with Modification (Full-time Placement in Regular Classroom)	Consultation	Ongoing communication between autism teacher/specialist and other persons in implementing the student's Individualized Education Program (IEP). (e.g., student, parent, regular education teacher, speech/language therapist, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and language and communication development • Designated time for ongoing communication within the regularly scheduled day*

	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Rewards such as praise, raisins, stars
		  • Peer tutoring when appropriate
		• Academic differential reinforcement
		  • Time-based rewards
		  • Task completion
		  • Peer tutoring when appropriate
		• Modeling
		• Extinction
		  • Ignoring inappropriate behavior unless the behavior is physically or or emotionally harmful or disruptive to others
		• Negative reinforcement
		  • Exclusion from designated activities (e.g., loss of interaction with the group for a brief, specific period of time; loss of privileges)
		• Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom

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*In order for consultation to be used successfully provision for scheduled time is essential.

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Regular Education Program With Modification (cont.)	Selective Scheduling	Altering the school day to reflect individual needs of the autistic learner • Consider student performance characteristics (e.g., time of day, learning style, physical disabilities/limitations or other health-related characteristics) • Match teaching style to learning style
	Curricular Adapation	Modification(s) of instructional objectives, strategies, methods, materials, resources and criteria for evaluation to deliver learning outcomes as determined by the individual needs of the autistic learner • Individualized instruction (e.g., varying time, place and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Supplemental materials • Instruction in curricular components (e.g., language and communication training, leisure skills) which complements academic instruction • Match teaching style to learning style
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the autistic learner • Study carrel(s) • Structured, routine schedule • Preferential seating (e.g., away from traffic areas, windows, etc.; close proximity to teacher)

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
II. Regular Education Program With Resource Services (Part-time Resource Room and Part-time Regular Classroom Placement)	Consultation	Ongoing communication between autism teacher/specialist and other persons involved in implementing the student's IEP. (e.g., student, parent, regular education teacher(s), other special education teacher(s), speech/language therapist, counselor, administrator, psychologist and appropriate personnel) • Involves communication with regard to modification of academics, behavior and language and communication development • Designated time for ongoing communication within regularly scheduled day*

	Indiviudal Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Frequent rewards (tangible, social, activity, intrinsic)
		  • Peer tutoring when appropriate
		• Academic differential reinforcement
		  • Time - based rewards
		  • Task completion
		  • Peer tutoring when appropriate
		• Modeling
		• Extinction
		  • Over-practice
		  • Ignoring
		• Negative reinforcement
		  • Exclusion from designated activities
		  • Time-out -- removal of individual from reinforcing events**
		  • Over-correction
		• Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom

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*In order for consultation to be used successfully provision of scheduled time is essential.

**See Section V Programmatic Definition 4.0 Instruction

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Regular Education Program With Resource Services (cont.)	Selective Scheduling	Altering the school day to reflect individual needs of the autistic learner • Consider student performance characteristics (e.g., time of day, learning style, physical disabilities/limitations, other health-related characteristics) • Match teaching style to learning style • Allow for crisis intervention when needed
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials, resources and criteria for evaluation to deliver learning outcomes as determined by the individual needs of the autistic learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Provide additional materials/equipment as needed • Designated time (e.g., weekly, biweekly) for instruction in curricular components (e.g., language and communication training, leisure skills) as well as that which complements academic instruction. • Use of out-of-school resources • Match teaching style to learning style
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the autistic learner • Study carrel(s) • Structured, routine schedule • Preferential seating (e.g., away from traffic areas, windows, etc.; close proximity to teacher) • Partitions (e.g., special projects area, quiet area) • Designated time-out area**
	Team Teaching	Mutual responsibility of autistic teacher and regular education teacher for instructing a single group of students in an area of study. One teacher's strength(s) should be used to complement the other teacher's strength(s).

**See Section V Programmatic Definition 4.0 Instruction

ALTERNATIVE PLACEMENT	*ELEMENTS*	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
III. Special Education Program: Self-Contained (Full-time Behavior Disorders Class Placement)	Consultation	Ongoing communication between autism teacher/specialist and other persons involved in implementing the student's IEP (e.g., student, parent speech/language theropist), other special education teacher(s), paraprofesional, counselor, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and language and communication development, modifications must be monitored frequently (e.g., daily basis) • Designated time for ongoing communication within regularly scheduled day*

	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Frequent rewards (tangible, social, activity)
		  • Peer tutoring when appropriate
		• Academic differential reinforcement
		  • Time-based rewards
		  • Task completion
		  • Peer tutoring when appropriate
		• Modeling
		• Extinction
		  • Over-practice
		  • Ignoring
		• Negative reinforcement
		  • Over-correction
		  • Verbal reprimands
		  • Nonverbal behavior by teacher
		  • Exclusion from designated activities
		  • Other approved aversive stimuli

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*In order for consultation to be used successfully provision for scheduled time is essential

**See Section V Programmatic Definition 4.0 Instruction

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special-Education Program: Self-Contained (cont.)	Individual Behavior Management Plan (cont.)	• Time-out -- removal of individual from reinforcing events** • Removal from school** • Parent Training -- implementation of an extension of the behavior management plan that is currently being used for the student in his/her classroom • Passive Restraint***
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the autistic learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Provide additional materials/equipment • Designated time (e.g., daily) for instruction in curricular components (e.g., language and communication training, leisure skills) as well as that which complements academic instruction • Intrusion activities • Provide alternate curriculum as required by IEP • Use of out-of-school resources
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the behavior disordered learner • Study carrel(s) • Structured, routine schedule • Preferential seating (e.g., away from traffic areas, windows, etc.; close proximity to teacher) • Partitions (e.g., special projects area, reading area, games area, quiet area, etc.) • Time-out room **

**See Section V Programmatic Definiftion 4.0 Instruction

***See Section V Programmatic Definition 4.0 Instruction -- Passive Restraint

ALTERNATIVE PLACEMENTS	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS

Special Education Program: Self-Contained (cont.)	Provisions for Mainstreaming	Criteria to be considered and procedures to be followed for placing an autistic student in a less restrictive environment
		• Examples of criteria for consideration include:
		  • Student level of performance on prerequisite skills in area of study to be considered for mainstreaming
		  • Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills
		  • Match of learning style to teaching style
		• Examples of procedures for a successful transition include:
		  • School Based Assistance Team (SBAT) determines if criteria has been met in order for student to be mainstreamed for a trial period
		  • Plan is designed detailing procedures for monitoring/evaluating student progress and support techniques to be used in less restrictive environment
		  • Based on evaluated progress in less restrictive environment, student is referred to Placement Advisory Committee (PAC) for consideration of change of placement or to (SBAT) for further intervention at the end of the trial period

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
IV. Special Education Program: Special School (Full-time placement in a day school (e.g., Alternative School)	Consultation	Ongoing communication between autistic teacher/specialist and other persons involved in implementing the student's IEP (e.g., student, parent, speech/ language therapist, other special education teacher(s), paraprofessional, counselor, administrator, psychologist and appropriate community agency personnel) • Involves communication with regard to modification of academics, behavior and language and communication development, modifications must be monitored frequently (e.g., daily basis) • Designated time for ongoing communication within regularly scheduled day*

	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior
		• Positive reinforcement for appropriate behavior
		  • Frequent rewards (tangible, social, activity)
		  • Peer tutoring when appropriate
		  • Modeling
		• Academic differential reinforcement
		  • Time-based rewards
		  • Task completion
		  • Peer tutoring when appropriate
		• Extinction
		  • Over-practice
		  • Ignoring
		• Negative reinforcement
		  • Over-correction
		  • Verbal reprimands
		  • Nonverbal behavior by teacher
		  • Exclusion from designated activities.
		  • Other approved aversive stimuli

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*In order for consultation to be used successfully provision for scheduled time is essential.

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Special School (cont.)		• Time-out -- removal of individual from reinforcing events** • Removal from school** • Parent Training -- home implementation of the behavior management plan that is currently being used for the student in his/her classroom • Passive restraint***
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the autistic learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Provide additional materials/equipment • Designated time (e.g., daily) for instruction in curricular components (e.g., language and communication training, leisure skills) as well as that which complements academic instruction • Intrusion activities • Provide alternate curriculum as required by IEP • Use of out-of-school resources
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the autistic learner • Study Carrel(s) • Differential Scheduling (e.g., time, areas of study, etc.) based on individual student needs, interests and goals • Preferential seating (e.g., away from traffic areas, windows etc.; close proximity to teacher) • Partitioned areas and for designated room (e.g., special projects, games, computers, etc.) • Time-out room**

**See Section V Programmatic Definition 4.0 Instruction -- Behavioral Model

***See Section V Programmatic Definition 4.0 Instruction -- Passive Restraint

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Residental Facility (cont.)	Environmental Adaptation	• Differential Scheduling (e.g., time, areas of study, etc.) based on individual student needs, interests and goals • Preferential seating (e.g., away from traffic areas, windows, etc; close proximity to teacher) • Partitioned areas and/or designated rooms (e.g., special projects, games, computers, etc.) • Time-out room**

	Provisions for Reentry into local school district	Criteria to be considered and procedures to be followed for placing a behavior disordered student in the local school district of the residential facility or for returning the autistic student to his/her home school district
		• Examples of criteria for consideration include:
		  • Student level of performance on specified prerequisite skills as determined for reentry into regular school
		  • Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills
		  • Match school environment to learning style when appropriate/possible
		• Examples of procedures for a transition include:
		  • Referral by residential school staff to Placement Advisory Committee (PAC) in local school district or home school district
		  • PAC determines appropriate placement for student based on evaluated progress in more restrictive environment
		  • Plan is designed for monitoring/evaluating student progress and support techniques to be used in less restrictive environment

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**See Section V Programmatic Definition 4.0 Instruction

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
V. Special Education Program: Out-of-School Environment (Alternative Placement in a non-school environment; e.g., homebound instruction, hospital instruction, work-study program)	Consultation	Ongoing communication between autism teacher/specialist, speech/language therapist, student, parent, homebound instructor, counselor, psychologist, e physician, appropriate community agency personnel and employer • Involves communication with regard to modification of academics, behavior and language and communication development • Designated time within regularly scheduled day*
	Individual Behavior Management Plan	Strategies/techniques used to alter an individual's behavior in order to increase desirable behavior and decrease or eliminate undesirable behavior* • Select strategies/techniques and design behavior management plan based on the situation/environment (e.g., hospital setting, work setting, etc.) as well as the individual needs of the autistic learner
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the autistic learner • Individualized instruction • Provide additional materials/equipment • Provide alternate curriculum/instruction as required by IEP (e.g., additional therapies) • Intrusion activities • Use of out-of-school resources if appropriate
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the autistic learner • Work setting • Home setting • Hospital setting • Group home

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*In order for consultation to be used successfully provision for scheduled time is essential

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS

Special Education Program: Special School (cont.)	Provisions for Reentry into Regular School	Criteria to be considered and procedures to be followed for placing an autistic student in a regular school
		• Examples of criteria for consideration include:
		  • Student level of performance on specified prerequisite skills as determined for reentry into regular school
		  • Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills
		  • Match school environment to learning style when appropriate/possible
		• Example of procedures for a successful transition include:
		  • School Based Assistance Team (SBAT) determines if criteria has been met in order for student to return to regular school for trial period
		  • Plan is designed detailing procedures for monitoring/evaluating student progress and support techniques to be used in less restrictive environment
		  • Based on evaluated progress in less restrictive environment, student is referred to Placement Advisory Committee (PAC) for consideration of change of placement or to SBAT for further intervention at the end of the trial period

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
VI. Special Education Program: Residential Facility (Placement in a twenty-four hour Program, e.g., Department of Health Facilities, Department of Human Services Facilities, Hospitals, other private facilities)	Consultation	Ongoing communication between residential facility personnel, local school district personnel, parent, student and appropriate community agency personnel • Involves communication with regard to modification of academics, behavior and language and communication development. Modifications should be monitored on a twenty-four hour basis • Designated time within regularly scheduled day.*
	Individual Behavior Management Plan	Strategies/Techniques used to alter an individual's behavior in order to increase desirable behaviors and decrease or elimiate undesirable behaviors • Select strategies/techniques and design behavior management plan for the educational program to complement the behavior management plan for the twenty-four (24) hour residential program.
	Curricular Adaptation	Modification(s) of instructional objectives, strategies, methods, materials and resources to deliver learning outcomes as determined by the individual needs of the autistic learner • Individualized instruction (e.g., varying time and delivery of instruction, length of assignments) • Peer tutoring when appropriate • Provide additional materials/equipment • Designated time (e.g., daily) for instruction in curricular components (e.g., language and communication, leisure skills) as well as that which complements academic instruction • Intrusion activities • Provide alternate curriculum as required by IEP • Use of out-of-school resources if appropriate
	Environmental Adaptation	Altering variables within the environmental setting to accomodate the individual needs of the autistic learner • Study Carrel(s)

*In order for consultation to be used successfully provision for scheduled time is essential

**See Section V Programmatic Definition 4.0 Instruction

ALTERNATIVE PLACEMENT	ELEMENTS	DESCRIPTION -- COUNTY AND SCHOOL OPTIONS
Special Education Program: Out-of-School Environment (cont.)	Provisions for Reentry into Regular or Special School	Criteria to be considered and procedures to be followed for returning an autistic student to school • Examples of criteria for consideration include: • Student level of performance on specified prerequiste skills as • Student progress (e.g., behavior) made in more restrictive environment with evidence of specific attempts to generalize newly learned skills • Match school environment to learning style when appropriate/possible • Examples of procedures for a successful transition include: • Placement Advisory Committee (PAC) determines appropriate change of placement for student based on evaluated progress in more restrictive environment • Plan is designed detailing procedures for monitoring/evaluating student progress and support techniques to be used in less restrictive environment

SECTION VIII

PROGRAM ASSURANCES

As stated in the Master Plan for Public Education, Policy 2510: Regulations for General, Vocational and Special Educational Programs and/or the Regulations for the Education of Exceptional Students, the Local Education Agency (LEA) is responsible for assuring that a thorough and efficient system of education is being delivered to behavior disordered students. In meeting this requirement, the establishment of policies and the implementation of written procedures enables the LEA to assess, improve and ensure the effectiveness of services provided to behavior disordered learners.

The components of program assurance must include the following:

- STUDENT EVALUATION - to determine the extent of achievement of affective, behavioral and cognitive goals and objectives, requires:
    - a multidisciplinary assessment at least every three (3) years for each eligible behavior disordered student;
    - an ongoing, comprehensive system to assess and monitor student progress toward achieving the learning outcomes specified in the student's Individualized Education Program (IEP);
    - a record of achieved learning outcomes which is made available to the student and parent/guardian;
    - an assessment of pupil progress based on teacher evaluation of the student, achievement on standardized tests and student progess on a skills continuum; and
    - an assessment of student performance at the entry and exit from each area of study based on the student's developmental levels and learning outcomes as specified by the IEP.

- PROGRAM IMPROVEMENT - to ensure that the behavior disorders program is maintained, modified or expanded to best meet the needs of the students, requires that the LEA provides:
    - a written description of the behavior disordered educational program based on the Programmatic Definition for the Education of Behavior Disordered Students and the Programmatic Definition for the Education of Autistic Students.
    - a written description of the process used to evaluate the effectiveness of the behavior disordered educational program including:
        a. a needs assessment process which specifies goals and objectives and determines how well those goals and objectives are being met;
        b. a process to evaluate the implementation of each component of the Programmatic Definition for the Education of Behavior Disordered Students and the Programmatic Definition for the Education of Autistic Students;
        c. progress evaluation to provide information regarding the progression of the program components in meeting the program's objectives; and
        d. outcome evaluation to provide information regarding the success of the entire educational/behavioral program for behavior disordered students.
    - a data base of information regarding behavior disordered programs for inclusion in a statewide management information system. (Effective 1986-87)

It is essential for the State Education Agency (SEA) to ensure that monitoring statements and practices comply with these program assurance statements.

SECTION IX

RECOMMENDATIONS
OF THE TASK FORCE
ON THE EDUCATION FOR
BEHAVIOR DISORDERED STUDENTS

In order to assure high quality educational programs for behavior disordered learners, the Task Force on the Education for Behavior Disordered Students makes the recommendations contained in this document to the West Virginia Department of Education and the West Virginia Board of Education.

The recommended actions and activities are in the realm of responsibility of the West Virginia Department of Education or the West Virginia Board of Education. The majority of these recommendations are completely under state control through state regulations. Others require the provision of strong leadership and guidance by the West Virginia Department of Education and West Virginia Board of Education. All recommendations follow from the research data, the Programmatic Definition for the Education of Behavior Disordered Students and the Programmatic Definition for the Education of Autistic Students.

The recommendations necessitate changes in the Regulations for the Education of Exceptional Children and other current West Virginia Department of Education regulations as well as staffing, certification requirements, staff development requirements and evaluation processes. Additionally, they call for research activities, development activities, teacher incentives, the establishment of an advisory council and facility and funding considerations.

The majority of these recommendations require minimal cost and, if implemented, the recommendations will have a positive and high impact on the education of behavior disordered students.

The Task Force on the Education for Behavior Disordered Students recommends the following:

1.0 RATIONALE

- The West Virginia Board of Education adopts the Programmatic Definition for the Education of Behavior Disordered Students and the Programmatic Definition for the Education of Autistic Students developed by the Task Force on the Education of Behavior Disordered Students.

RATIONALE: Policy 2510: Regulations for General, Vocational and Special Educational Programs assures that programs of study are available in all categories of exceptionality. The Programmatic Definitions are necessary in order to build programs of study and appropriate instructional programs for behavior disordered students.

1.1 Learner

- The West Virginia Board of Education adopts the following revision of Regulations for the Education of Exceptional Students, Section 2.2 Behavior Disorders regarding eligibility criteria for placement in a behavior disordered program:
  - a. an inability to learn which cannot be explained by intellectual, neurological, sensory or health factors;
  - b. an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
  - c. inappropriate types of behavior or feelings under normal circumstances;
  - d. a general pervasive mood of unhappiness or depression;
  - e. a tendency to develop physical symptoms or fears associated with personal or school problems;
  - f. behavior that is potentially harmful to the physical and mental well-being of self and others;
  - g. emotional problems manifested by truancy, defiance of authority, aggressiveness or withdrawal;
  - h. an autistic/autistic-like condition which is manifested by severe communication and educational problems; or
  - i. a schizophrenic condition.

RATIONALE:

a. Although behavior(s) resulting from a neurological impairment may resemble those exhibited by behavior disordered individuals, they will not necessarily respond to the same interventions appropriate for behavior disorders, but instead require specialized strategies.

b.-g. These criteria remain as stated in the Regulations for the Education of Exceptional Students.

h./i. Current research and practice indicate that autism and schizophrenia differ in etiology, sympotomatology, manifestations and treatment methods.

1.2 Philosophy

- The West Virginia Department of Education and the West Virginia Board of Education support the mandating of educational programs for preschool handicapped learners.

  RATIONALE: Early intervention for behavior disordered students is essential to prevent a greater deficit and/or further deterioration of cognitive, behavioral and affective skills.

- The West Virginia Department of Education and the West Virginia Board of Education support, by active leadership, the collaborative efforts of a total educational system including parents, students and community to provide appropriate educational services for behavior disordered students.

  RATIONALE: To be successful, the program of education for behavior disordered students must be designed, supported, implemented and evaluated by all persons (school personnel, community, parents and students) connected to the program.

2.0 NEEDS ASSESSMENT

- Special needs of multihandicapped behavior disordered students be studied and recommendations made to show how these needs can be translated into adaptations of the program of study for these individual students.

  RATIONALE: There are many behavior disordered students who possess other handicapping conditions which require a variety of services. There must be assurance that the student is served appropriately in accordance with each of his/her handicapping conditions.

3.0 CURRICULUM GOALS

- The West Virginia Board of Education adopts a Program of Study for Behavior Disordered Students and a Program of Study for Autistic Students.

  RATIONALE: Programs of study for each program area are required by Policy 2510: Regulations for General, Vocational and Special Educational Programs.

- The West Virginia Board of Education adopts a revision to Regulations for the Education of Exceptional Students, section 2.2 Behavior Disorders to read:

  2. Program of Study

     b. The behavior disorders program includes six (6) major components: behavior management, emotional/social education, academic instruction, career education, leisure skills and daily living/survival skills. The autistic program includes six (6) major components: behavior management, language and communication training, academic instruction, career education, leisure skills and daily living skills.

  RATIONALE: Because behavior disordered students are developmentally delayed and/or exhibit an interruption in the affective domain and do not acquire socialization through an incidental learning process the curriculum must be structured to address specific components (emotional/social education, career education skills, leisure skills and daily living/ survival skills) which are not presently included in the Regulations for the Education of Exceptional Students. Because autistic students are developmentally delayed, exhibit severe communication problems and do not acquire socialization through an incidental learning process the curriculum must be structured to address specific components (language and communication training, career education, leisure skills and daily living skills) which are not presently included in the Regulations for the Education of Exceptional Students.

4.0 INSTRUCTION

- The West Virginia Board of Education adopts a Program of Delivery for Behavior Disordered Students and a Program of Delivery for Autistic Students.

  <ins>RATIONALE</ins>: A Program of Delivery for each program area is required by Policy 2510: <ins>Regulations for General, Vocational and Special Educational Programs</ins>.

- The West Virginia Department of Education develops and the West Virginia Board of Education adopts a K-12 continuum of adaptations/modifications of materials, resources, strategies and evaluation techniques to achieve learning outcomes.

  <ins>RATIONALE</ins>: The unique characteristics of the behavior disordered learner will often require adaptations/modifications of sample learning objectives, teaching strategies, materials, resources and evaluation techniques in order to achieve existing learning outcomes.

- Each Local Education Agency (LEA) develops a written continuum of learning alternatives offered in the county to implement the individual program of study for each behavior disordered student.

RATIONALE: The county program for behavior disordered students must provide for students with various needs, abilities and goals. The written continuum provides a structure for service.

- The West Virginia Department of Education develops and the West Virginia Board of Education adopts a K-12 continuum of learning outcomes for the content areas of behavior management, emotional/social education, language and communication training, leisure skills and daily living/ survival skills which are outlined in the Program of Study for Behavior Disordered Students and the Program of Study for Autistic Students.

RATIONALE: No continuum of learning outcomes for these skills currently exists at the state level. A continuum of learning outcomes must be developed at the state level in order to define the skills that many behavior disordered students lack.

- The West Virginia Board of Education adopts an amendment to the Regulations for the Education of Exceptional Students, section 1.13 Suspension of Exceptional Students to include:

A student identified as behavior disordered may be removed from school for a brief period when an infraction is a result of the behavior disorder, if the Placement Advisory Committee (PAC) has determined this removal to be a potential strategy for use with an individual student, if removal from school has been incorporated as a component of the Individualized Education Program (IEP) and if other forms of discipline (e.g., loss of privileges, time-out, in-school suspension) have been implemented, documented and found to be unsuccessful.

RATIONALE: Although the disruptive behavior may be the result of the condition which qualified a student for a behavior disorders program, school attendance may be determined to be the most effective reinforcer for the student. Thus, once alternative methods are exhausted, the removal of this reinforcer may be the most appropriate means of managing the student's behavior. To assure objectivity in such a decision and proper use of suspension, the PAC must be involved.

- Each LEA establishes a written policy and procedures outlining the appropriate use of approved management techniques for behavior disordered learners (e.g., negative reinforcement/aversive techniques, time-out, passive restraint, in-school suspension, removal from school, etc.)

RATIONALE: Teachers of behavior disordered students must intervene to assist behavior disordered students to change their behavior by employing approved management techniques. As a safeguard against the abuse of such techniques, the line of authority and responsibility for decisions about their proper use must be clearly defined in a written policy which is reviewed periodically by a committee of qualified persons.

5.0 PROGRAM STAFFING

- Each LEA provides a coordinator for behavior disorders.

  RATIONALE: A coordinator for behavior disorders is necessary to provide coordination among teachers of the behavior disordered in the county and between teachers of the behavior disordered and regular classroom teachers.

- The LEA coordinator for behavior disorders must be certified in behavior disorders.

  RATIONALE: Education in behavior disorders is based upon a specialized body of knowledge, skills and value system which are cultivated through advanced professional education. In order to provide high quality services as the coordinator of behavior disorders, he/she must possess such expertise.

- Funding through Regional Education Service Agency (RESA) to enable teachers to achieve certification in behavior disorders should be continued.

  RATIONALE: This funding currently enables teachers to become certified in behavior disorders who are located in geographical areas that are in need of such teachers. It also serves as an incentive for teachers to further their education in behavior disorders.

- The training of all educators includes at least one course in the education of exceptional students, including education in behavior disorders.

  RATIONALE: Educators in the regular classroom are most often the referral source for students to the behavior disordered program. Additionally, all educators need to obtain knowledge in the use of behavior management.

- All institutional and administrative staff receive staff development in the education of exceptional children including education in behavior disorders.

  RATIONALE: All professional staff should continue to increase their knowledge of trends, strategies and programs for the education of behavior disordered students. Because of the importance of collaborative efforts among professionals providing quality programs for behavior disordered students, such staff development education is essential.

- Each LEA establish a policy regarding the selection and training for a teacher-aide classification for aides assigned to behavior disordered classrooms. Such aides should be trained in the use of specific techniques appropriate for dealing with behavior disordered students as well as receive ongoing training to to maintain and update their skills.

  RATIONALE: The aide for a behavior disordered classroom, as required by the Regulations for the Education of Exceptional Students, is essential to the success of the behavior disorders program. However, to be effective it is imperative that the aide be trained in the use of specific techniques appropriate for dealing with behavior disordered students. This training, which is not presently required, should also assist in the alleviation of the frequent turnover of aides in behavior disorders programs.

- Staff development be provided that includes training in the identification of withdrawing behaviors and/or emotional problems to all professional staff involved in the referral of students who may be identified as behavior disordered. Additional training should be provided in the development of appropriate programs for students exhibiting withdrawing behaviors and/or emotional problems to all professional staff involved in the identification of behavior disordered students.

RATIONALE: *The Regulations for the Education of Exceptional Students* establish eligibility criteria for behavior disordered students to include those students exhibiting overt behavior problems as well as students exhibiting withdrawing behaviors and/or emotional problems. However, it is more difficult to identify students exhibiting withdrawing behaviors and/or emotional problems. As a result, such students are less often referred than those exhibiting overt behavior problems and yet they may possess a great need for special services. Additionally, there often appears to be a lack of understanding concerning the appropriateness of behavior disordered programs for students exhibiting withdrawing behaviors and/or emotional problems.

6.0 PROGRAM MANAGEMENT

- The West Virginia Board of Education adopts the following addition to the Regulations for the Education of Exceptional Students, section 1.2 Multidisciplinary Assessment:

  When a student is suspected of being behavior disordered, a team report must also be completed. The behavior disordered assessment team report must include:

  1. whether or not assessment results indicate that the student is behavior disordered;
  2. the basis for making the determination by equally considering all of the assessment results;
  3. the relevant behavior noted during the classroom observation of the student;
  4. the relationship of that behavior to the student's academic functioning;
  5. the educationally relevant medical findings, if any.

  RATIONALE: The equal importance of educational behavior assessment and psychological behavior assessment is well-documented in current literature. Yet current practice often does not include and/or document educational behavioral assessment.

- Placement Advisory Committee (PAC) meetings for behavior disordered students include at least one professional person certified in behavior disorders.

RATIONALE: Although the Regulations for the Education of Exceptional Students require "professional personnel certified in the suspected area(s) of exceptionality" to be included as members of a PAC, current practice indicates that this requirement is often not met when a student is suspected of being behavior disordered. Furthermore, the professional certified in behavior disorders or behavior disorders including autism is the best qualified person to discuss educational programming for behavior disordered students.

- Each LEA develops and adopts written procedures to prescribe transition to reenter a less restrictive environment.

RATIONALE: Behavior disordered students are to be educated in the least restrictive environment which affords the optimal opportunity for intellectual and social development. When the severity of the student's behavior problems requires placement in a setting other than the regular classroom, the ultimate goal remains expedient return to the regular classroom. However, current practice indicates that a plan for transition to reenter a less restrictive environment has not been consistently implemented. Written procedures will provide a structure for this transition.

- Incentives be developed and implemented for regular classroom teachers to assist in the implementation of IEPs for exceptional students, including behavior disordered students.

  RATIONALE: Exceptional children in the regular classroom require more teacher preparation and instructional time. (Incentives could take the form of reduced class load, additional planning time, etc.)

7.0 EVALUATION

- Monitoring statements be developed based on the _Report of the the Task Force on the Education of Behavior Disordered Students_.

  RATIONALE: Presently the assessment system does not include indicators that address behavior disordered programmatic goals. Indicators should be developed to implement the _Report of the Task Force on the Education of Behavior Disordered Students_.

8.0 COMMUNICATION

- The West Virginia Department of Education and each LEA establish advisory councils on behavior disorders, which would include teachers of the behavior disordered, regular classroom teachers, other professional personnel, parents and members of the community (e.g., law enforcement personnel, health professionals, representatives of the legal and judicial system.)

  RATIONALE: Communication must be maintained between all who are involved in the provision of educational services to behavior disordered students, providing emotional support, promoting interagency cooperation, and maintaining an ongoing needs assessment with resulting program improvement.

9.0 FACILITIES

- The West Virginia Department of Education develops and the the West Virginia Board of Education adopts a revision of the Handbook on Planning School Facilities, Section (308.05) Behavior Disorders. These revisions should consider placement configurations of early childhood education, middle childhood education and adolescent education which are not presently addressed in the handbook. Additionally, standards for a time-out room and an intercom system should be revised to reflect the intention of the West Virginia Task Force on the Education of Behavior Disordered Students.

  RATIONALE: The Handbook on Planning School Facilities, Section (308.05) does not presently address early childhood education, middle childhood education and adolescent education, nor does it address appropriate facilities for different placement configurations. Additionally, the time-out room and intercom system should be designed to implement the Report of the West Virginia Task Force on the Education of Behavior Disordered Students.

10.0 FUNDING

- Teachers of the behavior disordered students receive allocations for reinforcers (e.g., food, field trips, rewards, etc.) to implement the goals and objectives of the IEP.

  RATIONALE: Research indicates that the behavior disordered student will show educational and behavioral progress as a result of a reinforcement. A state-wide survey indicates that a majority of teachers of the behavior disordered are currently using personal funds to purchase reinforcers to implement goals and objectives of IEPs. Funding for such reinforcers should be the responsibility of the LEA.

- Provide funding for transportation for out-of-school experiences.

  RATIONALE: Research indicates that out-of-school experiences for behavior disordered students facilitate generalization and maintainance of skills and attitudes learned in the classroom, which are goals of a model behavior disordered program.

- Funding for parent training should be allocated to provide the opportunity for the training of parents to assist in the implementation of an extension of the behavior management plan that is currently being used for the student in his/her classroom.

RATIONALE: Research indicates that a continuity of behavioral management services for the behavior disordered student between home and school results in an improvement of behavior which is a goal of a model behavior disordered program.

- Funding be allocated to provide teachers of behavior disordered students the opportunity to participate in stress management seminars, counseling and/or therapy.

RATIONALE: Constant stress is a known result of dealing with the difficult and often extreme emotional and behavioral problems of behavior disordered students. Such constant pressure of an emotionally-charged environment appears to result in a higher incidence of physical and/or emotional health-related problems which sometimes results in higher rates of absenteeism. Teachers of behavior disordered students must possess and maintain superior emotional stability in order to reduce such health-related problems and to maintain their teaching effectiveness as well as a calm classroom environment.

Additionally, in several counties, there continues to be a high rate of turnover of teachers in behavior disordered programs, and an insufficient number of teachers certified in behavior disorders as well as those certified, but unwilling to teach in such a classroom. Consequently, many behavior disordered classrooms are staffed by teachers with permit status or substitute teachers.

By providing the opportunity to participate in stress management seminars, counseling and/or therapy, these problems may be reduced or alleviated. Ultimately, this reduction and/or alleviation of problems will result in an improvement of educational opportunities and programs for behavior disordered students.

SECTION X

ROLES
AND
RESPONSIBILITIES

ACTION PLAN FOR
IMPLEMENTATION

INTRODUCTION

By defining the roles and responsibilities for the West Virginia Department of Education and the West Virginia Board of Education, state coordinator for behavior disorders, the county boards of education and administrative staff, county coordinator for behavior disorders, principals, teachers (regular and behavior disorders), students and parents, the Task Force on the Education of Behavior Disordered Students has outlined a plan of action for the implementation of their report. Each defined role and responsibility is an essential part of the collaborative effort required to provide a program of excellence for behavior disordered students.

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 1.0 Philosophy and Goals

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Establish written philosophy and goals of BD education for the state	•Assist in development of written philosophy and goals	•Establish written philosophy and goals	•Assist in development of philosophy and goals	•Know philosophy and goals	•Know philosophy and goals (BD and R)	•Be aware of philosophy and goals	•Be aware of state and county philosophy and goals
•Review and revise goals every five years	•Collect data relating to philosophy and goals	•Review and revise goals every five years	•Collect data relating to philosophy and goals				
	•Make recommendations relating to philosophy and goals	•Make recommendations to state relating to philosophy and goals	•Make recommendations to state and county relating to philosophy and goals	•Make recommendations relating to philosophy and goals	•Make recommendations relating to philosophy and goals (BD and R)	•Make recommendations relating to philosophy and goals	•Make recommendations relating to philosophy and goals
	•Communicate goal revisions to county personnel		•Communicate goal revisions to county personnel				
•Make educational decisions based upon state philosophy and goals of regular and BD education	•Make educational decisions based upon state philosophy and goals of regular and BD education	•Make educational decisions based upon state and county philosophy and goals of regular and BD education	•Make educational decisions based upon state and county philosophy and goals of regular and BD education	•Make educational decisions based upon state and county philosophy and goals of regular and BD education	•Make educational decisions based upon state and county philosophy and goals of regular and BD education (BD and R)		

*R-Regular
BD-Behavior Disorders
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 2.0 Needs Assessment

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Develop and disseminate a needs assessment model(s)	•Assist in development of needs assessment model(s) •Disseminate sample needs assessment model(s)	•Develop and disseminate county needs assessment	•Assist in development of needs assessment model(s) •Disseminate needs assessment model(s)	•Provide input in development of needs assessment model(s)	•Provide input in development of needs assessment model(s)	•Provide input in development of needs assessment model(s)	•Provide input in development of needs assessment model(s)
•Conduct needs assessment	•Conduct needs assessment •Analyze data collected by needs assessment	•Conduct triennial needs assessment	•Conduct annual needs assessment •Analyze data collected by needs assessment	•Assist in conducting needs assessment •Respond to needs assessment	•Respond to needs assessment	•Respond to needs assessment	•Respond to needs assessment
•Utilize data from needs assessment for modification of program and curriculum	•Recommend modifications of program and curriculum	•Utilize data from needs assessment for modification of program and curriculum	•Make program and curriculum modifications				

EDUCATION FOR BEHAVIOR DISORDERS

Roles and Responsibilities

Component Area: 3.0 Curriculum

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
●Develop guidelines concerning curriculum	●Collect and disseminate ideas and best practices regarding curriculum	●Develop and implement county curriculum guidelines based on state guidelines	●Collect and disseminate ideas and best practices regarding curriculum	●Make recommendations concerning curriculum development	●Make recommendations concerning curriculum development (R and BD)		●Provide input regarding curriculum development
●Develop modifications for learning outcomes in content areas, and learning outcomes for additional BD curricular components (e.g., behavior management, emotional-social education, leisure skills, daily living/ survival skills)	●Assist in development of learning outcomes and sample learning objectives for additional BD curricular components	●Develop learning objectives, activities, media resources and evaluation techniques to implement learning outcomes	●Assist in development learning objectives, activities, media resources, and evaluation techniques to implement learning outcomes ●Assist in curriculum design/ implementation of appropriate experiences for behavior disordered students	●Assure curriculum design for individual child is being implemented	●Assist in development of appropriate curriculum for individual student (R and BD) ●Implement appropriate curriculum based on learning outcomes, learning objectives, activities, media resources and evaluation techniques	●Provide input regarding special interests for curriculum development	●Assure curriculum design for individual student is being implemented

*R-Regular
BD-Behavior Disorders
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Roles and Responsibilities

Component Area: 4.0 Instruction

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Investiage program prototypes for BD students •Encourage development of innovative and/or experimental BD programs •Develop a continuum of educational alternatives in accordance with learning characteristics of BD students •Provide technical assistance to counties regarding learning and behavior management alternatives •Provide workshops and conferences related to learning and behavior management alternatives	•Collect and disseminate information regarding learning and behavior management alternative arrangements and innovative experimental programs •Plan and coordinate workshops relating to learning and behavior management alternatives	•Develop written policy regarding learning alternatives available for BD •Provide program options in the continuum of learning alternatives established by State •Provide annual staff development opportunities regarding learning and behavior management alternatives •Provide BD students with opportunities for achievement guidance, individualization and interaction with peers •Develop written policy that frees behavior disordered students from some of the routine drill and homework in regular programs	•Investigate and/or develop learning alternatives for BD children •Conduct needs assessment concerning learning alternatives •Assist in provision of annual staff development opportunities regarding learning and behavior management alternatives •Investigate and/or develop program delivery models for behavior disordered students •Provide workshops related to teaching methodology for both special and regular teachers	•Be knowledgeable about learning alternatives •Develop learning alternatives within regular curriculum that address needs of BD •Implement multiple learning alternatives as needed •Schedule students for appropriate learning alternatives •Ensure that behavior disordered students are not penalized by regular program for attending special programs •Be aware of alternative administrative arrangements	•Be aware of learning alternatives for BD students (BD and R) •Make recommendations regarding learning alternatives to principal and coordinator (BD and R) •Make recommendations regarding delivery models to principal and coordinator (BD) •Provide a wide range of experiences that go beyond what is normally provided in the regular curriculum (BD) •Serve as facilitator for implementing the student's IEP (BD) •Provide for efficient learning of skills (BD and R)	•Participate in development of Individualized Education Program (IEP) when appropriate •Attain and/or exceed curriculum goals and objectives as stated on IEP •Exhibit task commitment by completing assignments to the satisfaction of teacher/student •Attend regular or specially scheduled programs or events •Communicate and share learning experiences with peers, teachers parents	•Participate in development of IEP •Discuss regular program modifications and learning alternatives with principal and teacher •Participate in a specified behavior management plan for his/her child •Request review of instructional program as needed •Monitor student attendance and performance •Request, or be available for conferences

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 4.0 Instruction (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
		•Provide for learning environment that promotes development of positive attitude toward self and others •Provide for system of evaluating pupil progress	•Assist teachers in designing/implementing system of evaluating student progress	•Consult with county coordinator and teachers regarding most appropriate arrangments •Provide opportunities to implement appropriate program delivery models •Ensure that rules and regulations of the school are modified if necessary to meet the needs of the BD student's IEP •Encourage and assist teachers in providing qualitatively differentiated programs for behavior disordered students in regular classrooms	•Free behavior disordered students when appropriate, from some of the routine drill and homework in regular program (R) •Pretest to determine student's present level of knowledge (BD and R) •Develop and implement IEP based on assessment of student's abilities, needs, interest and behavior (BD and R) •Provide for efficient learning of concepts and skills not already mastered •Attend county workshops on staff development	•Participate in planning and evaluating the learning experiences within the program •Assume partial responsibility for own learning •Attain skills and attitudes for independence in learning	

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 4.0 Instruction (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
				•Provide access to counseling services for the behavior disordered in both personal growth and career awareness areas •Provide and schedule opportunities for achievement, individualization, guidance and interaction with peers •Become acquainted with and provide support for behavior disordered students in the school	•Use diverse methods of instruction (R and BD) •Assist students in planning, organizing and evaluating tasks (BD and R) •Evaluate pupil progress (BD and R) •Provide appropriate instruction based on the curricular components of the BD student's IEP (BD and R) •Assist the students in developing appropriate behavior •Support classroom teachers and principals in their teaching relationships with behavior disordered students		

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 4.0 Instruction (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
					•Encourage parents to become involved in the student's educational/behavioral program		
•Maintain library of curriculum and program materials •Annually update materials and equipment library •Disseminate information about materials and equipment library	•Select and recommend for purchase, curricula and professional development materials •Maintain updated catalog of curricular materials and equipment for BD programs	•Provide materials commensurate with special needs and abilities of behavior disordered students •Provide access to professional materials relating to BD	•Assist in selection of special materials for behavior disordered students •Acquire and disseminate extensive background information on the needs of behavior disordered students	•Encourage and assist teachers in securing appropriate instructional materials for behavior disordered students	•Screen, develop and provide appropriate materials for behavior disordered students (R and BD) •Use variety of appropriate resources, including specialized materials and field trips		•Provide support materials for child when needed or appropriate •Serve as resource volunteer when appropriate

*R-Regular
BD-Behavior Disordered
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 5.0 Staffing

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Provide a state coordinator for the education of the behavior disordered		•Appoint coordinator of BD program					
•Establish certification requirements for teachers of BD •Conduct ongoing review and revision of those certification requirments							
	•Assist in designing and coordinating staff development activities	•Provide staff development activities, regarding behavior disorders for administrators, teachers and parents	•Conduct needs assessments regarding staff development •Design and implement staff development programs •Cooperate with state coordinator in developing staff development activities	•Confer with county coordinator regarding staff development	•Participate in staff development activities (R and BD) •Participate in on-going evaluation of staff development activities		
	•Disseminate information regarding state and national workshops		•Disseminate information regarding local, state and national workshops		•Keep abreast of innnovation of field through professional literature, attending workshops, conferences and seminars (R and BD)		

Component Area: 5.0 Staffing (cont.)

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Define and coordinate roles and responsibilities of personnel involved with BD program	•Assist in defining and coordinating roles and responsibilities of personnel involved with BD program	•Define and coordinate roles and responsibilities of personnel involved with BD program	•Assist in defining and coordinating roles and responsibilities of personnel involved with BD program	•Assist in defining and coordinating roles and responsibilites of personnel involved with BD program	•Assist in defining and coordinating roles and responsibilities of personnel involved with BD program (BD)		
	•Communicate staffing needs of local BD programs	•Provide necessary staff to implement and support all identification, program development, material acquisition, staff development, publicity, evaluation and related procedures	•Supervise and support teaching staff •Conduct needs assessments regarding personnel	•Identify and utilize teachers who have particular interest/ ability in working with BD students •Supervise, evaluate and support teaching staff	•Make recommendations regarding staffing needs (BD)		
	•Recruit, interview and recommend applicants for positions on the staff		•Recruit, interview and recommend applicants for positions on the staff	•Interview and recommend applicants for positions on the staff			

*R-Regular
BD-Behavior Disordered
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 6.0 Program Management

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Develop identification procedures and regulations	•Make recommendations and assist in developing identification procedures and regulations	•Implement referral and identification procedures •Advise school personnel regarding identification criteria and procedures	•Coordinate identification and referral procedures	•Participate in School-Based Assistance Team activities •Cooperate with multidisciplinary team in identifying behavior disordered students •Provide adequate facilities for evaluation and placement activities	•Participate in School-Based Assistance Team activities •Provide data requested by multidisciplinary assessment team	•Cooperate with multidisciplinary assessment team	•Provide accurate and complete information to multidisciplinary assessment team
•Ensure uniform implementation of identification procedures and criteria	•Collect information regarding identification procedures, criteria and trends in and out-of-state		•Assess effectiveness of identification procedures	•Participate or be represented at Placement Advisory Committee (PAC) Meetings •Be knowledgeable about identification criteria and procedures	•Participate in Placement Advisory Committee (PAC) Meetings •Be knowledgeable about identification criteria and procedures	•Attend PAC Meeting when appropriate •Be aware of identification criteria and procedures	•Participate in Placement Advisory Committee (PAC) Meetings •Be knowledgeable about identification criteria and procedures
•Review and/or revise identification criteria and procedures		•Make recommendations to state regarding identification criteria and procedures	•Make recommendations to state regarding identification criteria and procedures	•Make recommendations to state regarding identification criteria and procedures	•Make recommendations to state regarding identification criteria and procedures		•Make recommendations to state regarding identification criteria and procedures

EDUCATION FOR BEHAVIOR DISORDERS

Roles and Responsibilities

Component Area: 6.0 Program Management (cont.)

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Establish writing team to prepare suggested goals, objectives, identification procedures, qualitatively different curriculum activities, administrative planning and evaluation techniques	•Make recommendations regarding program for BD education •Recommend personnel for writing teams •Assist writing teams in develoment of documents	•Make recommendations regarding program for BD education •Modify existing programs to comply with state guidelines •Write and implement a BD program consistent with state guidelines	•Make recommendations regarding program for BD education •Assist in program modification, design/development and evaluation	•Make recommendations regarding program for BD education •Be knowledgeable concerning local educational program for BD learners	•Make recommendations regarding program for BD education •Be knowledgeable concerning local educational program for BD learners (R and BD)	•Make recommendations regarding program for BD education •Be knowledgeable concerning local educational program for BD learners	•Make recommendations regarding program for BD education •Be knowledgeable concerning local educational program for BD learners
•Establish writing teams to develop modules to implement programmatic definitions and programs of study	•Provide relevant information to writing teams	•Provide relevant information to writing teams	•Provide relevant information to writing teams	•Provide relevant information to writing teams	•Provide relevant information to writing teams	•Provide relevant information to writing teams	•Provide relevant information to writing teams
•Field test modules developed by writing teams	•Disseminate modules developed by writing teams •Collect and utilize data on field tested materials						

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 6.0 Program Management (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Interpret and ensure application of laws, policies and regulations	•Disseminate policies, regulations and directives of the Department of Education pertaining to BD	•Implement state laws, policies and regulations pertaining to BD	•Implement regulations, policies and directives of state and county pertaining to BD	•Implement regulations and directives of state and county pertaining to BD	•Implement regulations and directives of state and county pertaining to BD	•Be aware of relevant county and school policies and regulations as they affect the BD student	•Be aware of state laws, policies and regulations
•Maintain parent action line to facilitate and provide assistance to behavior disordered learners and/or their parents for resolution of concerns	•Provide consultative services to administrators, supervisors, etc.	•Develop procedures for providing assistance to behavior disordered learners and/or their parents for resolution of concerns		•Schedule time for consultative services as applicable	•Serve as a resource person to other school personnel who serve the behavior disordered •Monitor student attendance (BD and R) •Provide input regarding appropriate related services	•Utilize related services as defined by IEP	•Be aware of and involved with related services when appropriate

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 6.0 Program Management (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Advise and assist counties regarding programs •Assist counties in writing programs •Assist counties in establishing parent-district advisory councils	•Inform county directors on current status of programs and services for behavior disorders and recommend plans to improve programs •Maintain knowledge about colleges and universities along with community, state and national organizations that provide services for behavior disorders and that train professional personnel	•Work cooperatively with county and state agencies •Support actively the behavior disordered by providing for needed materials adequate facilities, sufficient freedom for teachers, expert resource and consultant help and democratic administrative guidance	•Serve as resource person for staff and all school personnel who serve the behavior disordered in both special and regular education •Handle responsibility for administrative details such as: inventories; scheduling of services; requisition of equipment, supplies and instructional materials; and Department of Education forms •Conduct ongoing staff development activities	•Become knowledgeable about the unique needs of the behavior disordered •Work cooperatively with other personnel in objectively evaluating the program •Provide substitutes for teachers of behavior disordered students	•Interpret the program to parents •Arrange, with school personnel, the scheduling needs of behavior disordered students		

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 6.0 Program Management (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
	•Participate in state and national conferences, workshops and seminars on behavior disorders to keep abreast of innovations in the field •Act as a liaison with federal program upon request		•Orient new staff •Participate in local, state and national conferences, workshops and seminars on behavior disorders •Assist in the development, coordination and evaluation of the BD program		•Participate in local, state and national conferences, workshops and seminars on behavior disorders		

*R-Regular
BD-Behavior Disordered
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 7.0 Evaluation

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Develop systematic plan for ongoing evaluation of program planning and implementation •Communicate results of evaluation to counties, parents public, students	•Assist in designing and implementing evaluation instruments •Collect data from counties regarding evaluation •Disseminate evaluation information to counties	•Develop techniques and instruments for assessing operation of program and achievement of objectives •Provide continuous feedback to State •Conduct systematic program evaluation	•Collect data for feedback to State •Conduct annual evaluation of programs by teachers, parents, and administrative staff •Disseminate evaluation information to county personnel	•Work cooperatively with other personnel in objectively evaluating program •Communicate program evaluation data to teachers, parents and central office	•Work cooperatively with other personnel in objectively evaluating program (R and BD) •Communicate program evaluation data to parents and students (R and BD)	•Work cooperatively in objectively evaluating learning experiences and program	•Work cooperatively in objectively evaluating program
		•Design and implement system of evaluating students' progress	•Assist in designing/implementing system of evaluating students' progress	•Be aware of evaluation techniques and instruments used by teachers of BD	•Conduct ongoing evaluation of pupil progress (R and BD) •Conduct annual review of pupil program (BD) •Confer with regular teachers regarding pupil's progress (BD)	•Work cooperatively in objectively monitoring self-progress	

*R-Regular
BD-Behavior Disordered
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 8.0 Communication

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
●Develop an ongoing awareness program to provide information on education for the behavior disordered learner	●Develop awareness of program through materials designed at state level, e.g., brochures, media publications, information packages ●Disseminate information to county systems	●Provide information to parents, teachers, and community regarding education for the behavior disordered learner	●Develop awareness of program through materials designed at state and county levels, e.g., brochures, media publications, information packages ●Disseminate information to parents, teachers, and community regarding education for the behavior disordered	●Disseminate information about education for behavior disordered students to faculty and staff	●Disseminate information about education for behavior disordered students to parents, students and teachers (BD) ●Provide information pertinent to an individual student that would affect programming for that student (C)		
●Provide a systematic framework for communication ●Establish procedures to communicate with parents of behavior disordered children	●Maintain lines of communication with parents, administrators, teachers and community ●Provide on-site communication by request of county administrators	●Provide a systematic framework for communication	●Maintain lines of communication with parents, administrators, teachers, and community	●Maintain lines of communication with parents, faculties, and communities	●Maintain lines of communication with parents and all personnel serving BD students (BD) ●Participate in and encourage parent conferences (BD and R) ●Maintain lines of communication with BD students (R, BD and C) ●Maintain communication with parents and teachers regarding individual BD Student (C)	●Attend individual conferences with BD teachers	●Arrange and attend conferences with teachers (R and BD)

Component Area: 8.0 Communication (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
	•Speak to national state and/or local groups regarding behavior disordered programs •Consult with county coordinators regarding awareness materials being developed locally •Provide news releases to media	•Designate a contact person for communication and dissemination of information between the behavior disordered program and other education programs at local, regional and state levels	•Speak to local groups about behavior disorders program				

*R-Regular
BD-Behavior Disorders
C-Counselor

EDUCATION FOR BEHAVIOR DISORDERS

Roles and Responsibilities

Component Area: 9.0 Facilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Establish standards for facilities to be used for behavior disorders	•Make recommendations regarding facility standards for BD programs	•Support BD program by providing appropriate facilities as described	•Coordinate scheduling of appropriate facilities in cooperation with principals and teachers	•Provide appropriate classroom areas for BD programs	•Assist principals in determining adequacy and appropriateness of facilities	•Use facilities and equipment with care	•Informally assess safety and adequacy of facilities and equipment
•Monitor counties for compliance with standards for facilities	•Provide relevant information to assist counties in implementing facility standards for BD programs	•Provide access to facilities as recommended by the PAC through the IEP •Provide access to specialized programs, related services and/or equipment as recommended by PAC through the IEP •Provide transportation when appropriate, to and from BD programs as recommended through the IEP	•Facilitate access to specialized programs, special equipment, and/or related services as recommended by PAC through the IEP •Coordinate with appropriate personnel the scheduling of student transportation to and from facilities as recommended through the IEP	•Provide appropriate areas for assessment of behavior disordered referrals •Facilitate access to special equipment (labs, and/or related services, computer, etc.) as needed •Ensure a clean, safe environment for behavior disordered students	•Oversee student care of facilities and equipment •Work with county coordinator to select appropriate equipment		

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 10.0 Funding

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
•Establish guidelines for funding programs for BD	•Collect/disseminate funding information regarding BD programs	•Budget funds necessary for high quality BD programs •Submit budget for BD program to State	•Participate in budgeting process for BD programs	•Provide input regarding funding and financial needs assessment for BD programs	•Provide input regarding funding and financial needs assessment for BD programs		•Provide input regarding funding and financial needs assessment for BD programs
•Provide counties with funds for implementing and supporting BD programs.		•Provide funding for programs outlined in IEP •Provide funding for transportation to and from facilities as recommended in IEP •Provide funding for textbooks for BD students •Provide funding for facilities for BD programs •Provide funding for equipment as recommended in IEP	•Write projects/grants for additional funding for BD programs				

EDUCATION FOR BEHAVIOR DISORDERS

Component Area: 10.0 Funding (cont.)

Roles and Responsibilities

STATE	STATE COORDINATOR	COUNTY	COUNTY COORDINATOR	PRINCIPAL	TEACHER*	STUDENT	PARENT
		•Provide funding for instructional materials as outlined in IEP •Provide funding for reinforcers as required by IEP •Provide funding for staff development activities					
•Conduct statewide financial needs assessment for BD programs		•Seek local, regional and federal sources of funding for programs for BD •Provide funding for the opportunity for parent(s) to receive training in order to implement an extension of the child's behavior management plan •Provide input for statewide financial needs assessment for BD programs	•Conduct county financial needs assessment for BD program				

SECTION XI

SUMMARY AND
CONCLUSION

SUMMARY

In response to the Master Plan for Public Education and to expressed needs and concerns of professionals and parents throughout the state, the West Virginia Department of Education appointed the Task Force for the Education of Behavior Disordered Students. The Task Force, which was comprised of parents, public school teachers, instructors of higher education and administrators from throughout West Virginia, was charged with the development of a framework for establishing, maintaining and strengthening a model program for the early childhood, middle childhood and adolescent education levels of students with behavior disorders.

The West Virginia Department of Education commissioned Douglas Cullinan, Ed. D., of Northern Illinois University to conduct a study of studies of current research and best practices in the education of behavior disordered students. This study provides a formal analysis of research and establishes a generic and defensible data base for the educational program development for behavior disordered students. The conclusions of this study indicate the existence of a differentiation in a variety of behavior disorders, that many behavior disordered students exhibit achievement deficits which increase with age and the majority of successful techniques, interventions and programs, addressing academic and related problems and non-academic problems, are partially or entirely behavioral. While these techniques may be beneficial in a variety of service configurations, behavior disordered students have not been successful in generalizing and maintaining skills learned in special class placements. It appears that there is not a specific

program that is ideal for educating behavior disordered students; however, research indicates academic, behavioral and emotional/social deficits will decrease with early and appropriate intervention.

The Task Force then developed a report including: a Programmatic Definition for the Education of Behavior Disorders and a Programmatic Definition for Autism which serve as bases for successful programs; a Program of Study for Behavior Disorders which outlines six components in the education of behavior disordered students (basic learning outcomes, behavior management, emotional/social education, career education, leisure skills, daily living and survival skills) and a Program of Study for Autism which outlines six components in the education of autistic students (behavior management, language and communication training, basic learning outcomes, daily living skills, career education, leisure skills); Program Delivery for Behavior Disorders and Program Delivery for Autism, describing alternative methods and techniques to be considered for use when delivering the program of study; Program Assurances which provides methods for monitoring and evaluating the components of the program; Recommendations for changes, activities and considerations to be submitted by the West Virginia Department of Education to the West Virginia Board of Education; and Roles and Responsibilities, which through definitions, provides for a plan of action to implement programs for the education of behavior disordered students in West Virginia.

CONCLUSION

The Report of the Task Force on the Education of Behavior Disordered Students provides a comprehensive and systematic plan for the implementation of a successful, high quality educational program to meet the needs of these students. Its structure, based on the uniqueness of the behavior disordered individual and the assurance of the opportunity to develop to his or her maximal potential, provides for continuity between programmatic areas as well as direction for and uniformity among the fifty-five counties. The plan also, simultaneously, provides for the necessary flexibility to afford individualization in programming within each county.

Cooperation among all persons involved in the education of behavior disordered students is required to fulfill the responsiblility of equal educational opportunities to ensure that the talents of all of these students will be found and developed to their highest potential. Such a commitment will serve as a reaffirmation of the goal of excellence in education for all students.

APPENDICES

APPENDIX A

POLICIES, LEGISLATION, ORGANIZATIONS

It is important for the specified goals and objectives, one component of a needs assessment process, to reflect local, state and national issues and concerns, identified learner needs and concerns of parents and other interested individuals and groups. On the following pages is a listing of some federal and state legislation and policies, relevant publications and professional/ parent organizations.

FEDERAL LAWS

Public Law 94-142, The Education for All Handicapped Children's Act of 1975

Public Law 99-198, Education of the Handicapped Amendments of 1983

Federal Rehabilitation Law of 1973, Section 504 as amended in 1977

Public Law 94-482, Educational Amendments of 1976, Title II, Vocational Education

Public Law 98-524, Carl D. Perkins Act of 1984

Buckley Amendment, Family Educational Rights and Privacy Act (FERPA)

WEST VIRGINIA CODE

Chapter 18, Article 20, Education of Exceptional Children Act

Chapter 18, Article 10-A, Vocational Rehabilitation

Chapter 18, Article 2-B, Area Vocational Program

Chapter 18, Article 26-A, State Autism Training Center

Chapter 18A, Article 5, Authority; Rights; Responsibility

WEST VIRGINIA POLICIES

2100	Educational Goals for West Virginia
2320	Standards for Educational Quality
2321	Indicators of Attainment for Standards for Educational Quality
2419	Regulations for the Education of Exceptional Students
2422.01	Assuring the Quality of Learning in West Virginia Public Schools: Learning Outcomes
2444.01	Graduation Requirements for Adolescent Education in West Virginia: (Grades 9-12)
2510	Assuring the Quality of Education: Regulations for General, Vocational and Special Educational Programs
5100	Assuring the Quality of Learning in West Virginia Public Schools: Plan for Professional Development of Educational Personnel
5200	Certification Patterns for Licensure

5310 **Assuring the Quality of Education: Staff Evaluation**

4350 **Confidentiality**

REPORTS

West Virginia Comprehensive System of Personnel Development for Special Education (CSPD)

"Barriers to Provision of Free Appropriate Public Education for Handicapped Children in West Virginia"

"A Nation at Risk"

"National Needs Analysis in Behavior Disorders" (Grosenick-Huntze)

ORGANIZATIONS

The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Council for Children with Behavioral Disorders
1920 Association Drive
Reston, Virginia 22091

West Virginia Federation of the Council of Exceptional Children
c/o James Feeland
Ohio County Schools
2203 National Road
Wheeling, West Virginia 26003

National Society for Autistic Children
Suite 1017
1234 Massachusetts Avenue, N.W.
Washington, D. C. 20005

West Virginia Society for Autistic Children
P.O. Box 8152
South Charleston, West Virginia 25303

West Virginia Advisory Council for the Education of Exceptional Children
West Virginia College of Graduate Studies
Institute, West Virginia 25112

SERVICES

Autism Services Center
101 Richmond Street
Huntington, West Virginia 25702

Autism Training Center
Marshall University
Huntington, West Virginia 25701

West Virginia Advocates for the Developmentally Disabled, Inc.
1002 Quarrier Street
Charleston, West Virginia 25311

APPENDIX B

RESOURCES

433

The following selections are a sampling of resources which may be used with the emotional/social education curricular component for the behavior disordered student. A variety of materials and strategies is presented. Individual approaches to emotional/social education encompass specific periods for instruction as well as inclusion within the general academic curriculum. When selecting and utilizing materials, consideration should be given to local district policy as well as student and program needs and goals.

RESOURCES FOR TEACHERS

Articles

Lanunstata, L. J.; Hill, D.S.; and Krause, L.A. "Teaching Social Skills in Classrooms for Behaviorally Disordered Students." Behavioral Disorders, 1981, 6, 4, 236-246.

McGinnis, E. "Teaching Social Skills to Behaviorally Disordered Youth." In C. Smith and E. McGinnis (EDS.), Iowa Monograph: Educational Interventions in Behavior Disorders. Des Moines, Iowa: Iowa Department of Public Instruction, 1983.

Polgrove, L. "Self-Control: Methods for Child Training." Behavioral Disorders, 1979, 4, 116-130.

Redl, F. "The Concept of the Life Space Interview." American Journal of Orthopsychiatry, 1959, 29, 1-18.

Rutherford, R.B.; Howell, K.W.; and Rueda, R. "Self-Control Instruction for Behavior Disordered Students: Design and Implementation." Instruction Psychology, 1982, 9, 91-99.

Sarason, I.J.; and Ganzer, V.J. "Modeling and Group Discussion in the Rehabilitation of Juvenile Delinquents." Journal of Counseling Psychology, 1973, 20, 442-449.

Books

Conflict in the Classroom: The Education of Emotionally Disturbed Children. Nicholas J. Long, William C. Morse, Ruth G. Newman. Belmont, California: Wadsworth.

Reach, Touch and Teach. Terry Borton. New York, New York: McGraw-Hill.

Human Teaching for Human Learning. George T. Brown. San Francisco: Esalen Institute.

The Geranium on the Windowsill Just Died but Teacher You Went Right On. Albert Cullum. New York, New York: Quist

Put Your Mother on the Ceiling: Children's Imagination Games. Richard DeMille. New York, New York: Walker.

Teaching With Feeling. H. M. Greenberg. Indianapolis, Indiana: Pegasus.

Will the Real Teacher Please Stand Up? A Primer in Humanistic Education. Mary Greer, Bonnie Rubenstein. Pacific Pallisades, California: Goodyear.

I'm OK - You're OK. Thomas Harris. New York, New York: Harper & Row.

Learning to Feel, Feeling to Learn. Harold Lyon. Columbus, Ohio: Merrill.

Teaching as a Subversive Activity. Neal Postman, Charles Weingartner, New York, New York: Delacorte.

The Lonely Crowd. D. Reisman. New Haven, Connecticut: Yale University Press.

Teaching Human Beings: 101 Ways to Subvert Your Classroom. Jeffrey Schrank. Boston, Massachusetts: Beacon Press.

Values Clarification: A Handbook of Practical Strategies. Sidney Simon, Lelana Howe, Howie Kirschenbaum. New York, New York: Hart.

Toward Humanistic Education: A Curriculum of Affect. G. Weinstein, Mario Fantini. New York, New York: Praeger.

Freedom to Learn. Carl Rogers. Columbus, Ohio: Merill.

Left-Handed Teaching: Lessons in Affective Education. Gloria A. Castillo. New York, New York: Holt, Rinehart and Winston.

The Other Side of the Report Card: A How-To-Do-It Program for Affective Education. Larry Chase. Glenview, Illinois: Scott, Foresman and Company.

Affective Education for Special Children and Youth. William C. Morse, John Ardizonne, Cathleen Macdonald, Patricia Pasick. Reston, Virginia: The Council for Exceptional Children.

Teaching Social Skills to Children. G. Cartledge, J. F. Milburn. New York: Penguin Press.

Project Aware: A Handbook for Teachers. P. F. Elardo, M. Cooper. Menlo Park, California: Addison-Wesley.

T.E.T.: Teacher Effectiveness Training. T. Gordon. New York: Peter H. Wyden.

Structuring Cooperative Learning Experiences in the Classroom. David W. Johnson, J. T. Roger.

A Handbook of Verbal Group Exercises. K. M. Cinnamon, K. T. Morris. St. Louis: Applied Skills Press.

Social Competence: Interventions For Children And Adults. D. P. Rathjen, J. P. Forety (CEDS). New York: Pergamon Press.

Social Adjustment of Young Children: A Cognitive Approach To Solving Real-Life Problems. G. Spivak, M. C. Shure. San Francisco: Jossey-Bass.

Bibliotherapy and Its Widening Applications. Eleanor Brown. New Jersey: The Scarecrow Press, 1975.

The Bookfinder. Sharon Dreyer. American Guidance Service, 1977.

Behavior Patterns in Children's Books. Clara Kircher. Washington, D. C.: Catholic University of America Press, 1966

Reading Ladders for Human Relations, 5th edition. Virginia Reid. Washington, D. C.: American Council on Education, 1972.

Remedial Reading: An Anthology of Sources. Paul Witty. Boston: Allyn and Bason, Inc., 1968.

Facilitating Human Development Through Reading. Joseph S. Zaccaria and Harold A. Moses. Champaign, Illinois: Stipes Publishing Company, 1968.

Non-Print Media

CRM-McGraw-Hill. "Conflict and Awareness: A Film Series on Human Values." Includes separation/divorce, suicide, group conformity rejection and young marriage.

Guidance Associates. "Instructional Media for Human Growth and Development."

Mental Health Media Evaluation Project.
(A) A Comprehensive Resource Guide to 16mm Mental Health Films, 1977.
(B) An Evaluative Guide to 16mm Mental Health Films, 1977.
Order from RE-RUNS Unlimited, Inc., 4907 Cordell Avenue, Bethesda, Maryland 20014.

BIBLIOTHERAPY

Common Problems Of Children

(Books listed by category, INT=interest level by age, SP=Spache readability level.)

	INT	SP
A) Coping With Competition		
Bonsall, Crosby. Mine's the Best. Harper, 1973.	3-8	1.4
Bronin, Andrew. Gus and Buster Work Things Out. Coward, 1975.	3-10	2.2
Hoban, Russell. Best Friends for Frances. Harper, 1969.	5-10	2.5
Pearson, Susan. Monnie Hates Lydia. Deal, 1975.	5-10	1.9
Viorst, Judith. I'll Fix Anthony. Harper, 1969.	3-8	2.9
Zolotow, Charlotte. The Unfriendly Book. Harper, 1975.	6-12	1.8
B) Divorce Or Change In Family Status		
Baldwin, Anne. Jenny's Revenge. Four Winds: Scholastic, 1974.	4-10	2.4
Clifton, Lucille. Some of the Days of Everett Anderson. Holt, 1970.	4-8	3.0
Lexau, Joan M. Emily and the Klunky Baby and the Next-Door Dog. Dial, 1972.	4-10	2.0
Lexau, Joan M. Me Day. Dial, 1971.	6-12	2.3
Van Leeuwen, Jean. Too Hot for Ice Cream. Dial, 1974.	6-12	2.5
Donovan, John. I'll Get There, It Better Be Worth It. Harper, 1969.	Teens	
Blue, Rose. A Month of Sundays. Watts, 1972.	Teens	
Mann, Peggy. My Dad Lives in a Downtown Hotel. Doubleday, 1973.	Teens	
C) Coping With Failure		
Baldwin, Anne. Jenny's Revenge. Four Winds: Scholastic, 1974.		

	INT	SP
Bonsall, Crosby. Mine's the Best. Harper, 1973.		
Coombs, Patricia. Lisa and the Grompet. Lothrop, 1970.	3-10	2.2
Simon, Norma. I Was So Mad!. Whitman, 1974.	3-10	2.1
Viorst, Judith, Alexander and the Terrible, Horrible, No Good, Very Bad Day. Atheneum, 1976.	5-12	3.0

D) Coping With Peer Group Pressure

	INT	SP
Hoban, Russell, Best Friends for Frances. Harper, 1969.	5-10	2.5
Horvath, Betty. Not Enough Indians. Watts, 1971.	6-10	2.8
Sharmat, Marjorie. I'm Not Oscar's Friend Anymore. Dutton, 1975.	6-12	2.4

E) Accepting Strengths And Weaknesses

	INT	SP
Alexander, Martha. I'll Protect You From the Jungle Beasts. Dial, 1973.	3-8	2.0
Conford, Ellen. Impossible Possum. Little, 1971.	3-10	2.6
Conford, Ellen. Just the Thing for Geraldine. Little, 1974.	3-10	2.5
Desbarats, Peter. Gabrielle and Selena. Harcourt, 1968.	5-10	2.6
Hill, Elizabeth S. Evan's Corner. Holt, 1967.	4-10	2.1
Merriam, Eve. Boys and Girls, Girls and Boys. Holt, 1972.	4-10	2.7

F) Coping With Alienation/Rejection

	INT	SP
Alexander, Martha. And My Mean old Mother Will Be Sorry, Blackboard Bear. Dial, 1972.	3-10	1.8
Lionni, Leo. Little Blue and Little Yellow. Grossett, 1959.	3-8	2.2
Sendak, Maurice. Where the Wild Things Are. Harper, 1963.	3-8	4.0
Yashima, Taro. Youngest One. Viking, 1962.	3-8	2.6

	INT	SP
Burch, Robert. D.J.'s Worst Enemy. Viking, 1965.	9-12	
Little, Jean. Look Through My Window. Harper, 1970.		Teens
Kerr, M.E. Dinky Hocker Shoots Smack. Harper, 1972.		Teens

Books With Nonviolent Solutions To Conflict

Early Childhood

Aliki. The Story of William Penn. Prentice-Hall, 1964.

Baker, Betty. The Pig War. Harper & Row, 1969.

Bolognese, Don. Once Upon A Mountain. Lippincot, 1967.

Chorao, Kay. The Repair of Uncle Toe. Farrar, Straus & Giroux.

Cowley, Joy. Duck in the Gun. Doubleday, 1969.

De Kay, James. Meet Martin Luther King, Jr. Random House, 1969.

Fitzhugh, Louise and Sandra Scoppettone. Bang Bang You're Dead. Harper & Row, 1969.

Foreman, Michael. Dinosaurs and All That Rubbish, Crowell, 1973.

Foreman, Michael. Two Giants. Pantheon, 1967.

Gurney, Nancy and Eric Gurney. The King the Mice, and the Cheese. Random House, 1965.

Hutchins, Pat. Tom and Sam. Macmillan, 1968.

Kirkpatrick, Oliver. Naja the Snake and Mangus the Mongoose. Doubleday, 1970.

Lawrence, Jacob. Harriet and the Promised Land. Windmill, 1968.

Lobel, Anita. Potatoes, Potatoes. Harper & Row, 1967.

McGovern, Ann. Runaway Slave: The Story of Harriet Tubman. Four Winds, 1971.

Surowiecki, Sandra L. Joshua's Day. second ed. Lollipop Power, 1977.

Udry, Janice May. Let's Be Enemies. Harper & Row, 1969.

Varga, Judy. The Magic Wall. Morrow, 1970.

Wiesner, William. Tops. Viking, 1969.

Wondriska, William. John John Twilliger. Holt, Rinehart, and Winston, 1972.

Wondriska, William. Tomato Patch. Holt, Rinehart, and Winston, 1972.

Zolotow, Charlotte. The Hating Book. Harper & Row, 1969.

Zolotow, Charlotte. The Quarreling Book. Harper & Row, 1963.

Middle Childhood

Caudill, Rebecca. Tree of Freedom. Viking, 1949.

Clayton, Ed. Martin Luther King: The Peaceful Warrior. Prentice-Hall, 1968.

Colver, Anne. Bread and Butter Indian. Holt, Rinehart, and Winston, 1970.

Coolidge, Olivia. Ghandi. Houghton Mifflin, 1971.

Crosby, Alexander. One Day for Peace. Little, Brown, 1972.

Dalgliesh, Alice. Adam and the Golden Cock. Scribner's, 1959.

De Angeli, Marguerite. Thee, Hannah. Doubleday, 1940.

Flory, Jane. The Liberation of Clementine Tipton. Houghton Mifflin, 1974.

Franchere, Ruth. Cesar Chavez. Crowell, 1970.

Greene, Constance. The Unmaking of Rabbit. Viking, 1974.

Harrison, Deloris. We Shall Live in Peace. Hawthorne, 1968.

Haugaard, Eric. The Little Fishes. Houghton Mifflin, 1967.

Haviland, Virginia. William Penn: Founder and Friend. Abingdon, 1952.

Houston, James A. White Archer: An Eskimo Legend. Harcourt Brace Jovanovich, 1971.

Kelen, Emery. Peace Is an Adventure. Meredith, 1967.

Krumgold, Joseph. Henry Three. Atheneum, 1967.

Meyer, E.P. Champions of Peace. Little, Brown, 1959.

Patterson, Lillie. Martin Luther King, Jr: Man of Peace. Dell, 1969.

Petry, Ann. Harriet Tubman. Crowell, 1955.

Steele, William O. The Perilous Road. Harcourt Brace Jovanovich, 1958.

Sterling, Dorothy. Freedom Train: The Story of Harriet Tubman. Doubleday, 1954.

Sterling, Dorothy. Lucretia Mott. Doubleday, 1964.

Underwood, Betty. The Tamarack Tree. Houghton Mifflin, 1971.

Wahl, Jan. How the Children Stopped the Wars. Farrar, Straus, and Giroux, 1969.

Young, Margaret. The Picture Life of Ralph J. Bunche. Watts, 1968.

Adolescent

Brancato, Robin. *Something Left to Lose*. Bantam.

Brancato, Robin. *Winning*. Bantam.

Brancato, Robin. *Blinded by the Light*. Bantam.

Brancato, Robin. *Don't Sit Under the Apple Tree*. Bantam.

Scoppettone, Sandra. *Trying Hard to Hear You*. Bantam.

Scoppettone, Sandra. *The Late Great Me*. Bantam.

Scoppettone, Sandra. *Happy Endings Are Alike*. Dell.

Greene, Bette. *Summer of My German Soldier*. Bantam.

Kerr, M.E. *Gentlehands*. Bantam.

Wersba, Barbara. *Run Softly, Go Fast*. Atheneum, 1970.

Colman, Hela. *Claudia, Where Are You?* Morrow, 1969.

Blume, Judy. *Deenie*. Dell, 1973.

Blume, Judy. *Then Again Maybe I Won't*. Dell, 1971.

Hamilton, Virginia. *Arilla Sun Down*. Greenwillow Books, 1976.

Neufield, John. *Edgar Allan*. S.G. Phillips, 1968.

Sperry, Armstrong. *Call It Courage*. Macmillan, 1951.

Wouk, Herman. *City Boy: The Adventures of Herbie Bookbinder*. Doubleday, 1969.

Bach, Alice. *They'll Never Make a Movie Starring Me*. Harper & Row, 1973.

Felsen, Henry Gregor. *Hot Rod*. E.P. Dutton, 1950.

Gilbert, Nan. *The Unchosen*. Harper & Row, 1963.

Hamilton, Virginia. *M.C. Higgins, the Great*. Dell, 1974.

Hinton, S.E. *The Outsiders*. Dell, 1974.

Hinton, S.E. *Rumble Fish*. Delacorte, 1975.

Nelson, Marg. *A Girl Called Chris*. Farrar, Straus and Cudahy, 1962.

Guest, Judith. *Ordinary People*. Ballantine, 1976.

Hentoff, Nat. I'm Really Dragged but Nothing Gets Me Down. Simon, 1968.

Kerr, M.E. If I Love You, Am Trapped Forever? G.K. Hall, 1974.

Knowles, John. A Separate Peace. Bantam, 1960.

Zindel, Paul. I Never Loved Your Mind. Bantam, 1970.

Zindel, Paul. The Pigman. Dell, 1968.

CURRICULUM/MATERIALS

Early Childhood*

DUSO - Developing Understanding of Self and Others; American Guidance Services, Inc.

Interpersonal Cognitive Problem Solving Curriculum; Shure and Spivak.

Learning to Cope; January Productions.

Little Things That Count; Eye Gate Media and Eye Gate House, Inc.

Mixing In; Scholastic Magazine, Inc.

Transition; American Guidance Service, Inc.

Toward Affective Development; American Guidance Service, Inc.

Values in Sweet Pickles; BFA Educational Media.

Your Emotions, The Coping Process; Sunburst Communications.

Peabody - Level P; American Guidance Service, Inc.

Peabody Early Experience Kit; American Guidance Service, Inc.

TA for Tots/TA for Kids; Argus Communications.

A Mental Health Program for Preschool and Kindergarten Children; Shure and Spivak.

Social Skills in the Classroom; Cedars Press.

Self Control Curriculum; Charles Merrill.

Me and Others; EDI.

My Friends and Me; American Gudiance Service, Inc.

Sensitivity; DLM.

Middle Childhood*

Filmstrips - Varied Kits (e.g., "I am Loveable and Capable", "Vultures", "Winners and Losers"; Argus).

People Need Each Other, A Social Awareness Activity Book; Incentive Publications, Inc.

Feelings - Understanding Our Feelings of Sadness, Happiness, Love and Loneliness; Good Apple, Inc.

ASSET: A Social Skills Program for Adolescents; Research Press.

PREP: Preparation through Responsive Educational Programs; Filipczak, et. al.; 1982.

ACCEPTS; Walker, McConnel, Holmes, Todis, Walker and Golden, 1984.

Adolescent*

ASSET: A Social Skills Program for Adolescents; Research Press.

CLASS Program: Contingencies for Learning Academic and Social Skills; Hopes, Beickel, and Walker, 1976.

PASS: Program for Academic Survival Skills; Greenwood, Delquadri, Hops, and Walker; 1974.

Structured Learning: Goldstein, Sprafkin, Gershaw, Klein.

The Coping With Series: Schwartzrock and Wren; American Guidance Service, Inc., 1973.

*These age groupings are for general guidelines only. Materials and/or curricula should be evaluated in relation to the unique needs of individual students and the classroom.

APPENDIX C

TIME-OUT

Time-out can be an effective intervention when used in a proper and knowledgeable way. Determined by the circumstances requiring the use of such an intervention, time-out may be administered in several ways including the following:

> Student remains in the area but is not involved in the activity (e.g.: remove materials, planned ignoring by teacher and other students).
>
> Removal of the student from a designated area within the classroom (e.g.: behind a screen, facing the wall, a marked off area of the floor, a "time-out seat").
>
> Removal of the student from the classroom to a designated area of non reinforcement (e.g.: time-out room, alternate classroom, principal's office).

Guidelines:

1. The purpose and procedures of "time-out" within the classroom must be clear to all students (e.g.: types of time-out, duration, and target behaviors).
2. All personnel involved in time-out must be knowledgeable in procedures and the importance of consistency in implementation.
3. When developing procedures for the use of time-out, consideration must be given to county policy: (refer to Section IX Recommendations, 4.0 Instruction regarding written policy and procedures outlining the appropriate use of approved management techniques) as well as medical issues, lunch, length of school day, transporation, and class schedules.
4. Time-out must allow for visual and auditory monitoring.
5. It is desirable to document the effectiveness of time-out as a therapeutic tool. When the student is removed to a designated area outside the classroom (see #3 above), accurate data including antecedent events, number of occurrences, alteration of behavior, etc. must be maintained and monitored.
6. When a positive change in behavior is not ellicited through the use of time-out, then alternate consequences must be employed.

BIBLIOGRAPHY

Kerr, Mary Margaret; Nelson, C. Michael. (1983). Strategies for managing behavior problems in the classroom. Columbus, OH: Merrill Publishing, pp. 133, 134.

Harris, Karen R., (1985) Definitional, parametric, and procedural consideration in time-out interventions and research. Exceptional Children, Volume 51 (4), pp. 279-288.

Alevizos, K.J. (1975) The effect of verbalizing contingencies in time-out procedures. Journal of Behavior Therapy and Experimental Psychiatry 6, 253-255.

Calhoun, K.S. and Matherne, P. (1975) The effect of varying schedules of time-out on high and low rate behaviors. Journal of Behavior Therapy and Experimental Psychiatry, 6, 139-143.

Hobbs, S.A. and Forehand (1975) Effects of differential release from time-out on children's deviant behavior. Journal of Behavior Therapy and Experimental Psychiatry, 6, 256-257.

Webster, R.E. (1976) A time-out procedure in a public school setting. Psychology in the Schools, 13 (1), 72-76.

Wilson, C.C., Robertson, S.J., Herlong, L.H. and Haynes, S.N. (1979) Vicarious effect of time-out in the modification of aggression in the classroom. Behavior Modification, 3 (1).

APPENDIX D

LEARNING ENVIRONMENTS

An appropriate program for the behavior disordered learner must be conducted in an atmosphere that allows for flexibility and encourages individual social and academic growth. It is essential that the teacher establishes a classroom structure that provides for an optimal learning environment. The following selections are sample, planned classroom environments.

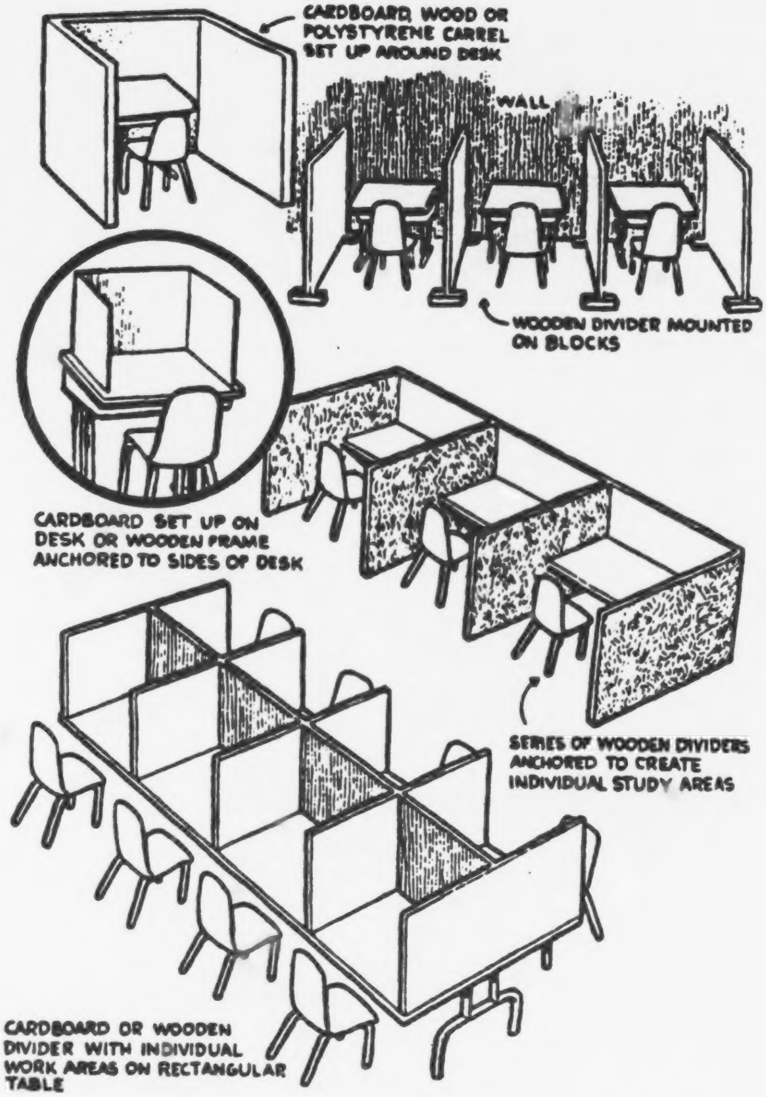

CARDBOARD, WOOD OR POLYSTYRENE CARREL SET UP AROUND DESK
WALL
WOODEN DIVIDER MOUNTED ON BLOCKS
CARDBOARD SET UP ON DESK OR WOODEN FRAME ANCHORED TO SIDES OF DESK
SERIES OF WOODEN DIVIDERS ANCHORED TO CREATE INDIVIDUAL STUDY AREAS
CARDBOARD OR WOODEN DIVIDER WITH INDIVIDUAL WORK AREAS ON RECTANGULAR TABLE

Fig. 2.3. Options, study carrels.

Gallaher, P. A. (1979) Teaching students with behavior disorders. Denver, CO: Love Publishing Company.

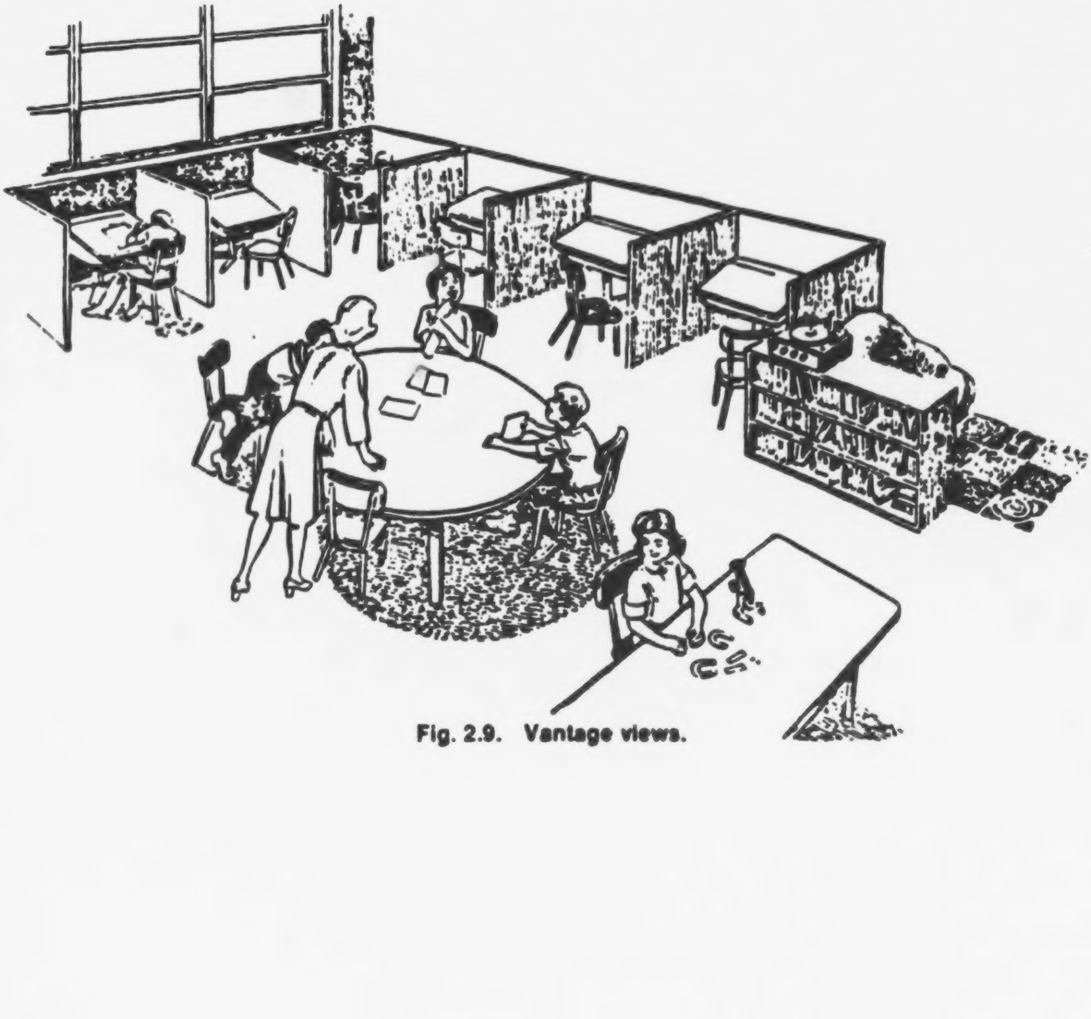


Fig. 2.9. Vantage views.

Gallaher, P. A. (1979) Teaching students with behavior disorders. Denver, CO: Love Publishing Company.

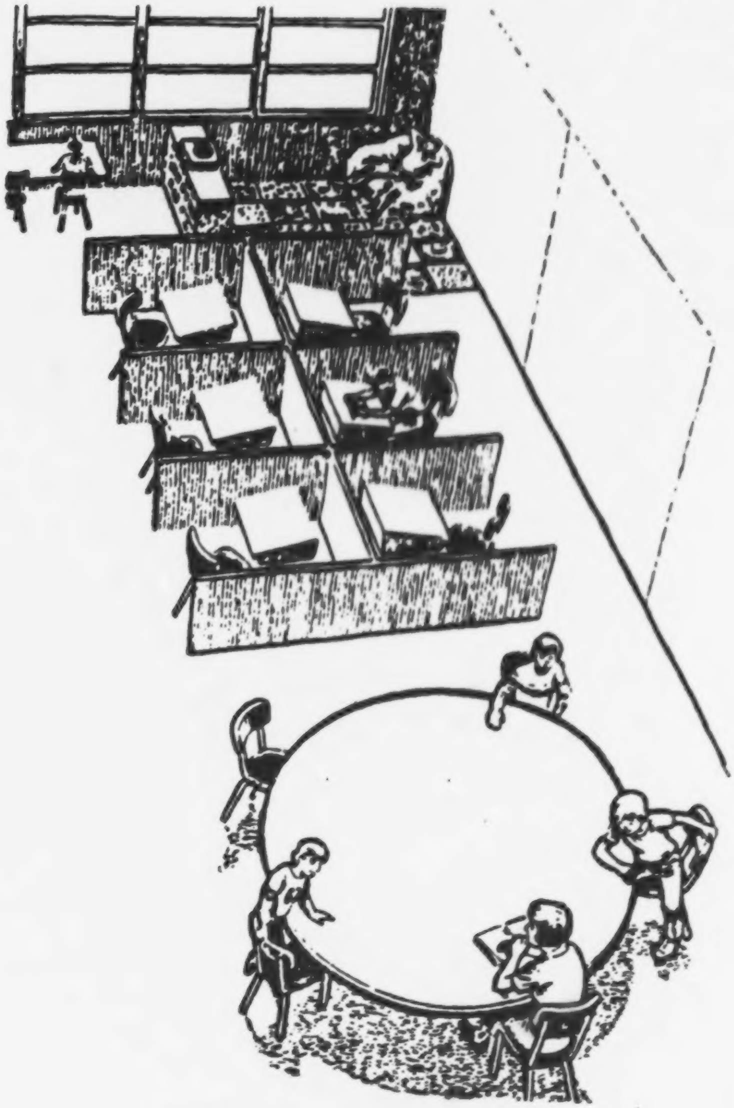
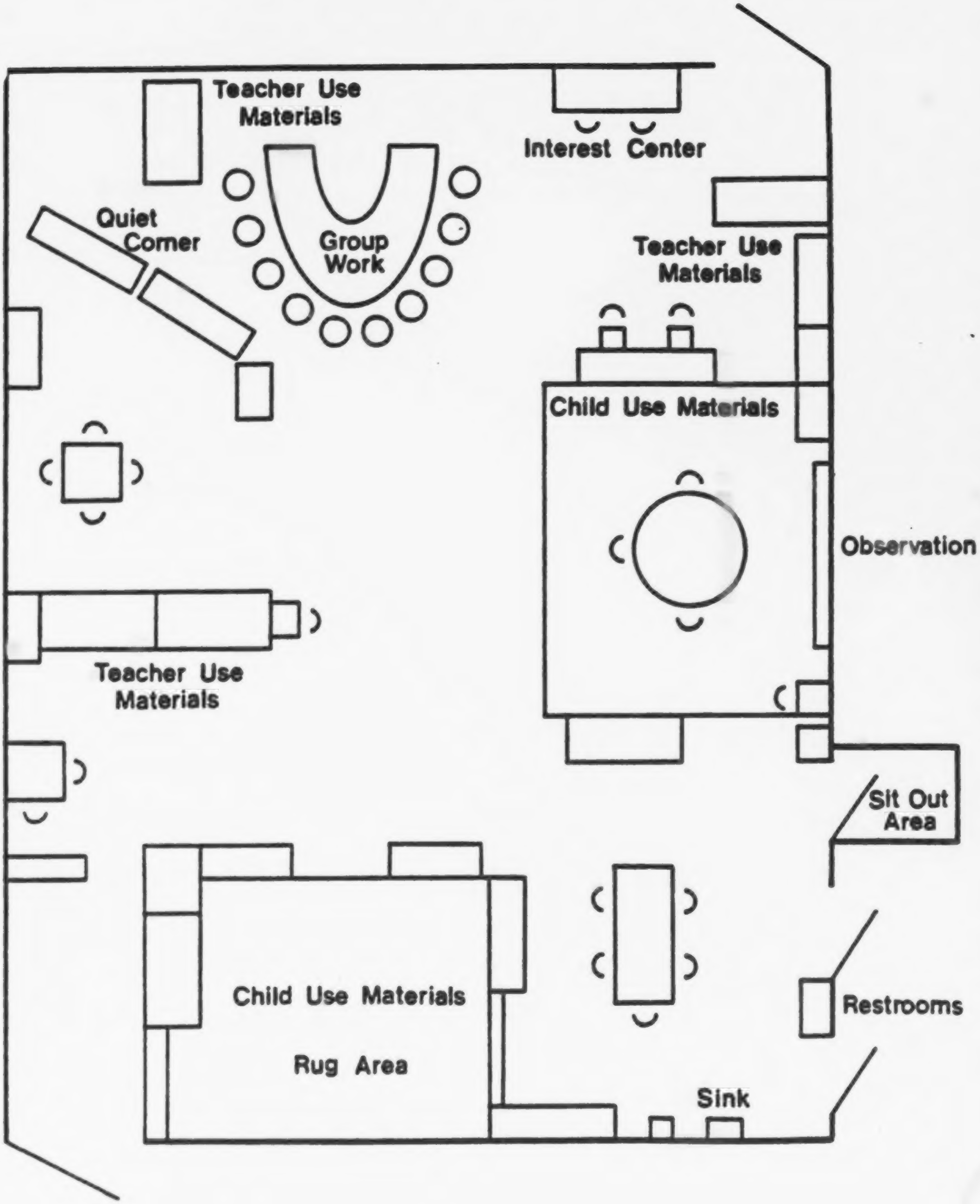


Fig. 2.9. Vantage views (continued).

Gallaher, P. A. (1979) Teaching students with behavior disorders. Denver, CO: Love Publishing Company.


Teacher Use Materials
Interest Center
Quiet Corner
Group Work
Teacher Use Materials
Child Use Materials
Observation
Teacher Use Materials
Sit Out Area
Restrooms
Child Use Materials
Rug Area
Sink

Dalrymble, N. J. (1983) Helping children with autism manage behavior. Bloomington, IN: Indiana University Development Training Center.

APPENDIX E

ASSESSMENT

According to the Regulations for the Education of Exceptional Students the learner will be assessed in all areas related to the suspected exceptionality. Assessment to determine eligibility for a behavior disorders program includes various components. Research indicates that the behavioral functions component is an integral part of a comprehensive evaluation. Behavioral assessment is conducted by a professional certified in the area of behavior disorders and the classroom teacher as well as the school psychologist.

I. Psychological/Behavioral Assessment

   A. Personality Tests

      1. Piers - Harris Self Concept (Figure 1)
      2. Incomplete Sentences Test
      3. Thematic Apperception
      4. Children's Apperception
      5. Children's Personality Inventory
      6. Here I See Myself
      7. Minnesota Multiphasic Personality Inventory
      8. Rotter Incomplete Sentence Blanks Test
      9. California Test of Personality
      10. Tasks of Emotional Development
      11. Coopersmith Self-Esteem
      12. Personality Questionnaire

   B. Projective Tests

      1. Rorscharch Ink Blot (Figure 2)
      2. House - Tree - Person
      3. Human Figure Drawing
      4. Goodenough Draw-a-Person
      5. Kinetic Family Drawing
      6. Holtzman Ink Blot
      7. Kinetic School Drawing

   C. Clinical Interviews

   D. Observations

II. Educational/Behavioral Assessment

   A. Rating Scales

      1. Burks Behavior Rating Scales
      2. Devereux Rating Scales

3. Behavior Problem Checklist (Quay and Peterson) (Figure 3)
4. Conners Abbreviated Teacher Questionnaire (Figure 4)
5. Children's Manifest Anxiety Scale
6. The Behavior Evaluation Scale (McCarney, Leigh, Cornbleet)
7. Child Behavior Rating Scale
8. Walker Problem Behavior Identification Checklist
9. Stevens Social Skills in the Classroom

B. Sociometrics
   1. A Class Play, Bowers (Figure 5)
   2. Sociogram
   3. ASSESS (Figure 6)

C. Interviews
   1. Parent interviews
   2. Teacher interview
   3. Informal child interview
   4. Interest inventory
   5. Structured Assessment Interviews (Figure 7)

D. Direct Observation (Figure 8)
   1. Actual functioning in natural settings
      a. Target behavior recording
      b. Measurement of behavior results (See Study of Studies, pg. 30)
      c. Behavior products (See Study of Studies, pg. 31)

E. Actual Functioning in Artifical Settings
   1. Behavioral Assertiveness Tests for Children (See Study of Studies, pg. 32) (Figure 9)

F. Actual School Records

  1. Discipline reports, school and bus
  2. Suspensions and expulsions
  3. Grades

IV. Assessment Instruments for Use with Autistic Students (See Study of Studies, pg. 69-72)

A. Screening

  1. Rimland Diagnostic checklist for Behavior Distrubed Children and Parents (Form E2)
  2. Autism Screening Instrument for Educational Planning (ASIEP)
  3. Childhood Autism Rating Scale (CARS)

B. Developmental Functioning

  1. AAMD Adaptive Behavior Scales
  2. Behavior Evaluation Scale (BES)

C. Educational Planning Assessment

  1. Psychoeducational Profile (PEP)
  2. Autism Screening Instrument for Educational Planning (ASIEP)
  3. Adaptive Behavior Curriculum
  4. "Life-domains" Assessment and Intervention Model

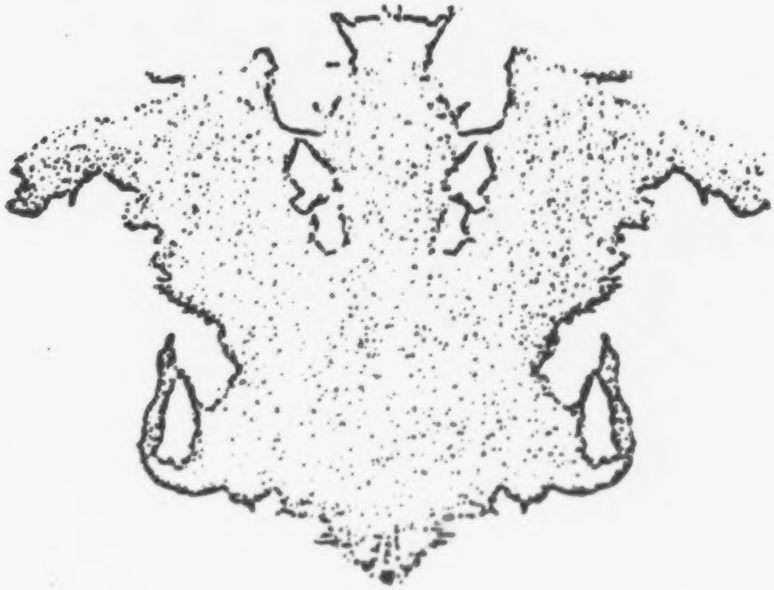
Figure 1: Illustrative Sample of the Piers-Harris Format

Instructions: The student circles the "yes" or "no," depending on whether he or she decides each item applies.

It is hard for me to make friends	yes	no
I am smart	yes	no
I am shy	yes	no
My looks bother me	yes	no
When I grow up, I will be an important person	yes	no
I am well behaved in school	yes	no
It is usually my fault when something goes wrong . .	yes	no
I have good ideas	yes	no

Source: Piers, 1969

Figure 2: Reproduction of Rorschach Inkblot Card IV



Source: Rorschach, 1942

Figure 3: Illustrative Sample of the BPC

Instructions: Consider and rate the extent to which each statement describes a problem of this student.

	Extent of Problem		
Problem	None	Mild	Severe
Oddness, bizarre behavior			
Short attention span			
Lack of self-confidence			
Tension, inability to relax			
Irritability, hot-tempered, easily angered			
Hypersensitivity, feelings easily hurt			
Steals in company of others			
Irresponsibility, undependability			

Source: Quay and Peterson, 1975

Figure 4: Illustrative Sample of the ATQ

Instructions: Rate the degree to which each problem is observed.

	Degree of Activity			
Observation	Not at all	Just a little	Pretty much	Very much
1. Restless (overactive)				
2. Excitable, impulsive				
3. Distrubs other children				
4. Fails to finish things he/she starts (short attention span)				
5. Fidgeting				
6. Inattentive, distractable				
7. Demands must be met immediately; gets frustrated				
8. Cries				
9. Mood changes quickly				
10. Temper outbursts (explosive and unpredictable behavior)				

Source: Conners, 1973

Figure 5: Illustrative Sample of the A Class Play Procedure

Instructions: On the line beside each description, have the student write the name of a classmate who could best play the part.

__________ 1. A true friend.

__________ 2. Somebody who is often afraid and who acts like a little boy or girl.

__________ 3. A class president.

__________ 4. Somebody who is stuck-up and thinks he's better than everyone else.

__________ 5. A girl to act the part of a teacher of small children.

__________ 6. A mean, cruel boss.

Source: Bower, 1968

Figure 6: Illustrative Sample of ASSESS Format

Instructions: For each description, the student puts an X under the name of every classmate who fits the description.

	Students																	
Description	Bobby A.	LaVerne	Tod	Karla	Bobby F.	Sam	Janet	Paula	Crystal	Delores	Rick	Michael	Faye	Thomas S	Steve	Tom W.	Karen	Sharon
Those who do nervous things.																		
Those who push other people around.																		
Those who are sort of ignored.																		
Those who have confidence in themselves.																		
Those who act phony.																		
Those who are afraid to speak up for themselves.																		
Those who are good sports.																		

Source: Prinz, Swan, Liebert, Weintraub, and Neale, 1978

Figure 7: Illustrative Sample of a Structured Assessment Interview for Youngsters with Behavior Disorders

Instructions: Ask the child or adolescent the question, then follow-up and/or code the response.

13. B. Do you often start on your school work and then not finish it, even if you know how to do it?

32. Do you often do just the oposite of what you were told, because you don't like being told to do anything?

58. C. Have your parents or teachers punished you frequently because they thought you were lying?

Source: Hejanic, 1981

Figure 8: Target-Behavior Definitions for
Direct Observation of "Disruptiveness"

1. **Out of chair:** movement of the child from his chair when not permitted or requested by the teacher. No part of the child's body is to be touching the chair.
2. **Touching other's property without permission:** includes grabbing, rearranging, destroying the property of another, and touching the desk of another.
3. **Playing:** child uses his hands to play with his own or community property when such behavior is incompatible with learning.
4. **Noise:** child creating any audible noise other than vocalization.
5. **Non-compliance:** failure to initiate the appropriate response requested by the teacher.
6. **Modified out of chair:** movement of the child from his chair with some part of the body still touching the chair or head down on desk.
7. **Orienting:** the turning or orienting response is not rated unless the child is seated and the turn must be more than 90° using the desk or teacher's position as a reference point.
8. **Aggression:** child makes movement toward another person so as to come into contact with him, either directly or by using a material object as an extension of the hand.

Source: Becker

Figure 9: BATC Scenario 8

You're in school and you brought your chair to another classroom to watch a movie. You go out to get a drink of water. When you come back Mike is sitting in your seat.

Mike (model): "I'm sitting here."

Adapted from Bornstein et al., p. 186.

E44/D5